# Kitsap Public Health District Consent Agenda Agreement Summary February 4, 2020

KPHD Contract Number	Their Contract Number	Contractor and Agreement Name	Type of Agreement	Term of Agreement	Amount to District	Amount to Other Agency
1749 Amendment 12 (2055)	CLH18248	Washington State Department of Health Consolidated Contract	Amendment	01/01/2018- 12/31/2020	\$11,500	\$0

**Description:** Amends Statements of Work for Childhood Lead Poising Prevention Program, Infectious Disease Care & Prevention (ICDP), Office of Drinking Water Group A Program and Office of Emergency Preparedness & Response and adds additional funding of \$11,500 for a revised maximum consideration of \$5,716,677.

2054	People's Harm Reduction Alliance Secondary Syringe Exchange	Contract	01/01/2020- 12/31/2020	\$0	\$75,000
	Secondary Syringe Exchange		12/31/2020		

**Description:** Contractor to provide county-wide mobile syringe exchange services in primarily rural areas as a component of the District's re-configured Kitsap Syringe Exchange Services Network. Mobile exchange services to be performed following Centers for Disease Control and Prevention guidance and science-based behavioral health interventions. Contractor will integrate prevention education, referral, and counseling services into the needle exchange program and provide overdose prevention, education, and training in the administration of naloxone in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) guidance. This contract completes the formal Request for Proposals process initiated by the District in 2019.

# KITSAP PUBLIC HEALTH DISTRICT 2018 – 2020 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH18248 AMENDMENT NUMBER: 12

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and KITSAP PUBLIC HEALTH DISTRICT hereinafter referred to as "LHJ", pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.

Date	Date
KITSAP PUBLIC HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
IN WITNESS WHEREOF, the undersigned has affixed his/h	ner signature in execution thereof.
ALL OTHER TERMS AND CONDITIONS of the original cand effect.	contract and any subsequent amendments remain in full force
Unless designated otherwise herein, the effective date of this	amendment is the date of execution.
3. Exhibit C-12 Schedule of Federal Awards, attached and Exhibit C-11.	incorporated by this reference, amends and replaces
No change in the maximum consideration of Exhibit B Allocations are attached only for information of Exhibit B Allocations are attached only for information of Exhibit B Allocations are attached only for information of Exhibit B Allocations are attached only for information of Exhibit B Allocations are attached only for information of Exhibit B Allocations are attached only for information of Exhibit B Allocations are attached only for information of Exhibit B Allocations are attached only for information of Exhibit B Allocations are attached only for information of Exhibit B Allocations are attached only for information of Exhibit B Allocations are attached only for information of Exhibit B Allocations are attached only for information of Exhibit B Allocations are attached only for information of Exhibit B Allocations are attached only for information of Exhibit B Allocations are attached only for information of Exhibit B Allocation of Exhibit B Allocation of	
Decrease of for a revised maximum const	ideration of
☐ Increase of \$11,500 for a revised maximum con	sideration of <b>\$5,716,677</b> .
2. Exhibit B-12 Allocations, attached and incorporated by t as follows:	his reference, amends and replaces Exhibit B-11 Allocations
Deletes Statements of Work for the following pr	rograms:
<ul> <li>Childhood Lead Poisoning Prevention Prog</li> <li>Infectious Disease Care &amp; Prevention (IDC</li> <li>Office of Drinking Water Group A Program</li> <li>Office of Emergency Preparedness &amp; Resp</li> </ul>	CP) - Effective July 1, 2019 n - Effective January 1, 2018
Amends Statements of Work for the following p	programs:
Adds Statements of Work for the following prog	•
Exhibit A Statements of Work, attached and incorporated	
IT IS MUTUALLY AGREED: That the contract is hereby a	mended as follows:

APPROVED AS TO FORM ONLY Assistant Attorney General

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# AMENDMENT #12

# 2018-2020 CONSOLIDATED CONTRACT EXHIBIT A STATEMENTS OF WORK TABLE OF CONTENTS

<b>DOH Program Name or Title:</b>	Childhood Lead Poisoning Prevention Program - Effective July 1, 2019
_	Infectious Disease Care & Prevention (IDCP) - Effective July 1, 2019
<b>DOH Program Name or Title:</b>	Office of Drinking Water Group A Program - Effective January 1, 2018
9	Office of Emergency Preparedness & Response - Effective July 1, 2019

# Exhibit A Statement of Work Contract Term: 2018-2020

DOH Program Name or Title: Childhood Lead Poisoning Prevention Program -

Effective July 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

**Contract Number:** CLH18248

SOW Type: Original	Revision # (for this SOW) 1	Funding Source Federal <select one=""></select>	Federal Compliance (check if applicable)	Type of Payment  Reimbursement
Period of Performance: Ju	ly 1, 2019 through June 30, 2020	State     Other	FFATA (Transparency Act) Research & Development	Fixed Price

**Statement of Work Purpose:** The purpose of this statement of work is to support local interventions with the case management of elevated blood lead levels in children 14 years of age and younger. The focus of this program is to build local capacity statewide to provide case management services to all children with elevated blood lead levels.

**Revision Purpose:** The purpose of this revision is to move the funding from Healthy Communities (MI 25611100) to FPH Lead Case Mgmt - FPH (MI 25619702) for funding period 07/01/19-06/30/20. The SOW and total consideration remains the same.

Chart of Accounts Program Name or Title	CFDA#	BARS Revenue Code	Master Index Code	Funding (LHJ Use Start Date	Only)	Current Consideration	U	Total Consideration
Healthy Communities	N/A	334.04.91	25611100	07/01/19	06/30/20	3,425	-3,425	0
FPH Lead Case Mgmt - FPH	N/A	334.04.93	25619702	07/01/19	06/30/20	0	3,425	3,425
TOTALS						3,425	0	3,425

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Home Visit 1		Submit the information collected	Submit as needed	Reimbursement of up
	a) Contact the provider to gather complete		during the home visit via the	within 60 days	to \$500 maximum
	information on the assigned elevated blood lead		applicable fields of the	after completion.	per home visit, per
	level case.		Washington Disease Reporting		child. Up to two (2)
	b) Contact the family to schedule the visit.		System (WDRS).		home visits per child
	c) Visit the child's residence (or other sites where the				not to exceed total
	child spends significant amounts of time).		Submit, as attachment(s) via		funding
	d) Interview the caregivers using the Child Blood		WDRS the documentation of the		consideration.
	Lead Investigation Form and conduct an		Plan of Care prepared for the		
	environmental assessment to identify factors that		family (DOH will provide a		Note: this excludes
	may impact the child's blood lead level.		template) including a summary		indirect costs.
	e) Determine if the family lives in Section 8 or HUD		of the environmental assessment		
	housing, and if the child is Medicaid enrolled.		and suggestions for reducing or		
	f) Provide educational material to the child's		eliminating exposure. Provide a		
	caregivers in the family's primary language.		copy of this document or		

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	g) Arrange with family and provider to have the child retested following the Pediatric Environmental Health Specialty Unit (PEHSU) medical management guidelines:  https://www.pehsu.net/ Library/facts/medical-mgmnt-childhood-lead-exposure-June-2013.pdf  Home Visit 2 (optional)  a) The purpose of the optional second home visit is to connect the family to other service providers, explain recommendations, answer questions, and provide any further needed assistance for the		documents to the child's caregivers and provider.  Submit a new or updated Plan of Care to DOH via WDRS and provide a copy to the child's caregivers and provider that includes:	Submit as needed within 60 days of completion	Reimbursement of up to \$500 maximum per home visit, per child. Up to two (2) home visits per child
	family in implementing recommendations.  b) Facilitate the completion of a developmental screening to be conducted by LHJ staff, via the online WithinReach Developmental Screening Questionnaire <a href="http://www.parenthelp123.org/">http://www.parenthelp123.org/</a> or other methodology, or by referral to the child's physician or another entity trained to administer developmental screening tests.  c) Encourage blood lead testing of other children less than 72 months of age and pregnant or nursing persons in the home.  d) If appropriate, refer the family to the Women, Infants, and Children (WIC) program or a Registered Dietitian Nutritionist for a nutritional assessment and to other service providers as appropriate.  e) Coordinate services and communicate with other involved professionals.		<ul> <li>a) A summary of the results of any assessments conducted by LHJ staff and/or information on all referrals made.</li> <li>b) The names of any at-risk family members referred for blood lead testing.</li> <li>c) The names of all professionals who have been part of the Plan of Care or to which the family has been referred for services.</li> </ul>		not to exceed total funding consideration. Note: this excludes indirect costs.
3	DOH will reimburse LHJ for costs incurred for field investigation sample laboratory testing, as well as costs incurred for interpretation and/or translation services needed as part of case management.		Submit vendor invoices to DOH to document the reimbursement request.	As needed.	Total reimbursements may not exceed total funding consideration.  (See Special Billing Requirements below.)

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**AMENDMENT #12** 

## \*For Information Only:

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <a href="http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf">http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf</a>

## **Program Specific Requirements/Narrative**

## Program Manual, Handbook, Policy References

Guide for Public Health Case Management of Children with Elevated Blood Lead Levels <a href="https://www.doh.wa.gov/Portals/1/Documents/4000/334-414.pdf">https://www.doh.wa.gov/Portals/1/Documents/4000/334-414.pdf</a>

A Targeted Approach to Blood Lead Screening in Children, Washington State 2015 Expert Panel Recommendations https://www.doh.wa.gov/Portals/1/Documents/Pubs/334-383.pdf

# Special References (RCWs, WACs, etc)

Laboratories are required to report to the Department of Health all Blood Lead test results (WAC 246-101-201). Elevated results (greater than or equal to 5 mcg/dL) must be reported within two (2) days; non-elevated results need to be reported within one (1) month.

## **Monitoring Visits (frequency, type)**

Telephone calls and/or in person meetings with contract manager on as as-needed basis.

#### **Definitions**

BLL – Blood Lead Level EBLL – Elevated Blood Lead Level PEHSU – Pediatric Environmental Health Specialty Units

# **Special Billing Requirements**

The average total amount expended for laboratory, interpreter, and translation services is suggested to be approximately \$185 per home visit, per child. It is recognized that more complex cases may require a higher level of services, while simpler cases may require fewer services. Total reimbursements may not exceed total funding consideration. Please note WDRS event number(s) on invoice to allow DOH review of deliverables via WDRS. Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices may be submitted as needed within 60 days after home visit completion and must be based on actual direct program costs. Billing for services on a monthly fraction of the "Total Consideration" will not be accepted or approved. If needed, additional funding may be requested and upon DOH approval may be added if funds are available.

Note: Blood Lead Case Management reimbursement excludes indirect costs.

# **DOH Program Contact**

Amy Bertrand, Health Services Consultant/Case Management Coordinator Office of Environmental Health Sciences Washington State Department of Health Street Address: 310 Israel Rd SE, Tumwater WA 98501

Telephone: 360-236-3392 / Fax 360-236-3059

Email: amy.bertrand@doh.wa.gov

#### **DOH Fiscal Contact**

Victoria Reyes, Management Analyst 1 Assistant Secretary's Office Telephone: 360-236-3071

# Exhibit A Statement of Work Contract Term: 2018-2020

DOH Program Name or Title: Infectious Disease Care & Prevention (IDCP) -

Effective July 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

**Contract Number:** CLH18248

**SOW Type**: Revision Revision # (for this SOW) 1

Period of Performance: July 1, 2019 through June 30, 2020

Funding Source	Federal Compliance	Type of Payment
	(check if applicable)	Reimbursement
<ul><li>State</li><li>✓ Other</li></ul>	FFATA (Transparency Act) Research & Development	Fixed Price

**Statement of Work Purpose:** The purpose of this statement of work is for the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum as well as to provide infectious disease (HIV, STD, and Adult Viral Hepatitis) prevention services.

**Revision Purpose:** The purpose of this revision is to remove \$81,855 from FFY19 RW GRANT YEAR LOCAL (REBATE) (MI 1261859C) and \$27,285 from FFY20 RW GRANT YEAR LOCAL (REBATE) (MI 1261850C) and add \$109,140 to FFY19 RYAN WHITE SUPP DIRECT SVCS (MI 12615293) for the period 09/30/19-06/30/20 and add Special Requirements.

Chart of Accounts Program Name or Title	CFDA #	BARS	Master	Funding	Period	Current	Change	Total
		Revenue	Index	(LHJ Use	Only)	Consideration	None	Consideration
		Code	Code	<b>Start Date</b>	End Date		None	
FFY19 RW GRANT YEAR LOCAL (REBATE)	N/A	334.04.98	1261859C	07/01/19	03/31/20	348,437	-81,855	266,582
FFY20 RW GRANT YEAR LOCAL (REBATE)	N/A	334.04.98	1261850C	04/01/20	06/30/20	116,146	-27,285	88,861
STATE DRUG USER HEALTH PROGRAM	N/A	334.04.91	12405100	07/01/19	06/30/20	40,000	0	40,000
ADAP REBATE (LOCAL) 19-21	N/A	334.04.98	12618590	07/01/19	06/30/20	91,728	0	91,728
FFY19 RW LOCAL PROVISO	N/A	334.04.98	12618595	07/01/19	06/30/20	41,749	0	41,749
FFY19 RYAN WHITE SUPP DIRECT SVCS	93.917	333.93.17	12615293	09/30/19	06/30/20	0	109,140	109,140
TOTALS						638,060	0	638,060

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount			
	Drug User Health						
Syringe	Syringe Service Program (SSP):	Identify and submit annual	Monthly by the 15th of the	\$40,000 – MI 12405100 –			
Service	To provide comprehensive Syringe Service	projections for each of the SSP	following month.	State Drug User Health			
Program (SSP)	Program (SSP) to people who use drugs	deliverables.					
	(PWUD). This plan of action is directed to			\$40,000 for 07/01/19-06/30/20			
	distribute syringes to communities that use drugs	Enter deliverable data into					
	to prevent transmission of infectious	database for tracking SSP activities					
	disease. SSP programs will operate during	by the 15th of each month					
	scheduled hours to provide new harm reduction	following service.					

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	supplies and syringes to prevent transmission of disease. SSP will offer referrals to address social determinants of health.			
		HIV Community Services - Care	e	
EIS- PLWH	Provision of 1) Targeted HIV testing to help the unaware learn of their HIV status and receive	Agency must enter data into the approved DOH data system for	Agency must adhere to DOH ID Reporting Requirements	\$41,749 – MI 12618595 – Local Proviso
	referral to HIV care and treatment services if found to be HIV-infected; 2) Referral services to improve HIV care and treatment services; 3) Access and linkage to HIV care and treatment services; and 4) Outreach services and health	each consumer receiving Early Intervention Services within 48 business hours from the time of Client Intake.	Meeting/Event Summary Forms should be submitted with A19s.	\$41,749 for 07/01/19-06/30/20
	education/risk reduction (HE/RR) related to HIV diagnosis.	Quarterly Reports are Required - Deliverables for this reporting period have been identified and can be referenced in your Quarterly Report Grid.		
Case Management	Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication). Activities may include: 1) initial assessment of need; 2) development of individualized care plan; 3) coordinated access to health and support services; 4) client monitoring to assess the care plan; 5) re-evaluation of the care plan; 6) ongoing assessment of client's needs; 7) treatment adherence counseling; 8) client specific advocacy or review of utilization of services; 9) benefits counseling.	Agency must create a file in the DOH approved data system for each PLWH receiving Case Management services within 48 business hours from the time of Client Intake.  Agency must update Demographics, Annual Review, Services, Case Notes, Encounter Tab and all requisite Custom Tabs in the DOH approved data system, as appropriate, within five (5) business days from Client Interaction or on behalf of Client  Agency must Track and report within the DOH-approved data system any and all Performance Measures related to this Service Category as directed by DOH Quality Team.	Agency must adhere to DOH ID Reporting Requirements	\$327,420 \$245,565 - MI 1261859C - Local Rebates  \$327,420 \$245,565 for 07/01/19- 03/31/20  \$109,141 \$81,856 - MI 1261850C- Local Rebates  \$109,141 \$81,856 for 04/01/20- 06/30/20  \$109,140 - MI 12615293 - RW Supp Direct Svcs  \$109,140 for 09/30/19-06/30/20
		Deliverables for this reporting period have been identified and		

Task Number	Task/Activity/Description Deliverables/Outcomes		Due Date/Time Frame	Payment Information and/or Amount
		can be referenced in LHJ's Quarterly Report Grid.		
Medical Transportation	Provision of non-emergency transportation services that enable an eligible client to access or be retained in medical and support services.	Agency must track and report within the DOH-approved data system any and all activity	Agency must adhere to DOH ID Reporting Requirements	\$3,375 – MI 1261859C – Local Rebates
	May be provided by: 1) providers of transportation services; 2) mileage	related to this Service Category.		\$3,375 for 07/01/19-03/31/20
	reimbursement (non-cash) that does not exceed the established rates for federal programs; 3) organization and use of volunteer drivers through programs with	Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.		\$1,125 – MI 1261850C– Local Rebates
	insurance and other liability issues specifically addressed; 4) voucher or token systems.	Camaras, surprise		\$1,125 for 04/01/20-06/30/20
Food Bank	Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items	Agency must track and report within the DOH-approved data system any and all activity	Agency must adhere to DOH ID Reporting Requirements	\$11,229 – MI 1261859C – Local Rebates
	(limited to personal hygiene products, household cleaning supplies, and water filtration in	related to this Service Category		\$11,229 for 07/01/19-03/31/20
	communities where issues of water safety exist).	Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.		\$3,743 – MI 1261850C– Local Rebates
				\$3,743 for 04/01/20-06/30/20
Housing	Provision of limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or	Agency must track and report within the DOH approved data system any and all activity	Agency must adhere to DOH ID Reporting Requirements	\$6,413 – MI 1261859C – Local Rebates
	maintain health services. Housing-related referral services include assessment, search,	related to this Service Category		\$6,413 for 07/01/19-03/31/20
	placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or	Deliverables for this reporting period have been identified and can be referenced in LHJ's Quarterly Report Grid.		\$2,137 – MI 1261850C– Local Rebates
	capable of maintaining a long-term, stable living situation. Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment.			\$2,137 for 04/01/20-06/30/20
Space and Staff	LJH will provide necessary clinic space to accommodate the provision of medical care to	LHJ shall inform prospective patients of available medical care	Annual Narrative Report describing	\$91,728 – MI 12618590 – Rebates
	HIV-positive individuals one (1) day per week and an additional day every other week by a physician from Harborview Medical Center;	through notification by HIV case managers and other announcements as determined by	successes/challenges, suggestions for changes/ improvements due June 30, 2020.	\$91,728 for 07/01/19-06/30/20

Task Number	Task/Activity/Description	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Registered Nurse to assist physician and administrative support staff to assist with project	Harborview Medical Center and the LHJ.		

# \*For Information Only:

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <a href="http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf">http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf</a>

## Special Requirements

# Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

# **Program Specific Requirements/Narrative**

#### 1. Definitions

CONTRACTOR – Entity receiving funds directly from Washington State Department of Health (DOH) to provide services for people at high risk (PAHR) and /or persons living with HIV (PLWH).

- 2. Client Eligibility and Certification Reference pages 15-17 in the HIV Community Services (HCS) Manual.
- **3. Title XIX HIV Medical Case Management** Reference pages 42-43 in the HCS Manual.
- **4. Quality Management/Improvement Activities** Reference pages 132-135 in the HCS Manual.
- **5. HIV Statewide Data System** Reference pages 136-144 in the HCS Manual.

# 6. HIV and STD Testing Services

- a. HIV testing services must follow DOH and Centers for Disease Control and Prevention (CDC) guidance for HIV testing.
- b. Persons found to be sero-positive must be provided with partner services (PS) that follow current CDC guidelines for HIV PS and DOH HIV Partner Services Standards. Contractors must refer newly identified HIV infected persons to the local health jurisdiction for PS.
- c. Any funds generated from charging clients for HIV testing must be used to support or enhance HIV prevention activities.
- d. HIV counseling/testing must be performed by personnel who have completed DOH-approved training. Staff providing testing services must also attend and complete any additional training as determined necessary by DOH.

- e. Persons performing HIV testing must be authorized by a licensed provider whose scope of practice includes ordering of diagnostic tests. This can be achieved with memorandum of understanding / agreement (MOU/A) between agencies if there is no licensed provider directly accountable to the contracted agency. Persons performing HIV testing must obtain all necessary and required Washington State certification.
- f. Contractor will present confidential HIV testing as the default option for all persons tested. If an anonymous test is performed, refusal by the client for confidential testing must be documented and permission by the client for conversion to confidential testing in the event of a reactive result must be obtained prior to the test being provided.
- g. Contractor must report all reactive results to DOH using the Preliminary Positive Reporting Form (provided by DOH). The information on this form allows DOH to determine whether the preliminary result is confirmed by subsequent testing and if the person diagnosed with HIV is linked to medical care and complete data entry in Evaluation Web. Preliminary Positive Reports must be submitted to DOH directly, not local public health departments by confidential transmittal as indicated on the form.
- h. Contractor will ensure that sufficient staff is available to perform HIV testing using capillary and/or venous draws.
- 7. **Reporting Requirements** Reference page 26 in the HCS Manual. Deliverables grid will have identified contract.
- **8.** Training requirements Reference pages 29-30 in the HCS Manual.
- 9. Participation in Washington State's HIV Planning Process Reference page 10-11 in the HCS Manual.

# 10. Participation in End AIDS Washington Initiative

The End AIDS Washington Initiative is a collaboration of community-based organizations (CBOs), government agencies and education and research institutions working together to reduce the rate of new HIV infections in Washington by 50% by 2020. The End AIDS Washington initiative and the forthcoming implementation plan are not owned by any one government agency or CBO. End AIDS Washington is a community-owned effort and will only be successful if all stakeholders—communities, government, the health care system, and people most affected by HIV—are fully engaged in its implementation efforts and empowered to make decisions and set priorities.

# 11. Participation in End AIDS Washington Statewide Media Campaign

The End AIDS Washington Statewide Media Campaign effort aims to promote the priorities laid out in the EAW Initiative around the state through various ways. Funded agencies will ensure the participation of at least one staff member funded through PAHR Services in End AIDS Washington Campaign related activities including, but not limited to, the End AIDS Washington Champions program. Funded agencies will, whenever possible, utilize End AIDS Washington messaging and branding on educational and outreach materials.

- **12. Contract Management** Reference pages 32-48 in the HCS Manual.
  - a. Fiscal Guidance
    - i) **Funding** –The CONTRACTOR shall submit all claims for payment for costs due and payable under this statement of work by July 25, 2020. DOH will pay belated claims at its discretion, contingent upon the availability of funds.
    - ii) The CONTRACTOR agrees to reimburse DOH for expenditures billed to the DOH for costs that are later determined through audit or monitoring to be disallowed under the requirements of 2 CFR Part 200 –Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Audits.
    - iii) **Submission of Invoice Vouchers** On a monthly basis, the CONTRACTOR shall submit correct A19-1A invoice vouchers amounts billable to DOH under this statement of work. **All A19-1A invoice vouchers must be submitted by the 25**<sup>th</sup> **of the following month.**
    - iv) Advance Payments Prohibited Reference page 32 in the HCS Manual.
    - v) **Payer of Last Resort** Reference page 44 in the HCS Manual.
    - vi) Cost of Services Reference page 32 in the HCS Manual.

- vii) **Emergency Financial Assistance** –The CONTRACTOR shall not use contract funds to provide a parallel medication service to EIP. CONTRACTOR's providing case management services shall make every effort to enroll clients in EIP.
- viii) **Payment of Cash or Checks to Clients Not Allowed** Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service (e.g., transportation), shall be used to meet the need for such services. CONTRACTOR shall administer voucher programs to assure that recipients cannot readily convert vouchers into cash.
- ix) Funds for Needle Exchange Programs Not Allowed using Federal or Rebate dollars CONTRACTOR shall not expend contract funds to support needle exchange programs.
- x) Supervision, under DOH Community Programs contracts, will be understood as the delivery of a set of interrelated functions encompassing administrative, educational and supportive roles that work collectively to ensure clinical staff (i.e. case managers, navigators, coordinators, assistants, coaches) are equipped with the skills necessary to deliver competent and ethical services to clients that adhere to best practices within applicable fields as well as all relevant Statewide Standards. Supervisors must meet the criteria set forth within the WA State HIV Case Management Standards and provide the level of interaction and review detailed in that document.

It is the understanding of DOH that Supervision funded under the direct program portion of this contract include at minimum the provision of at least two of the three functions detailed here: administrative, educational or supportive supervision. Supervision that encompasses only administrative functions will not be considered billable under Direct Program. To that end, it is the expectation of DOH that those personnel identified as Supervisors have no more than one degree of separation from direct client care. Exceptions to this rule can be presented and considered to and by DOH Contract Management. It will fall to the requesting organization to satisfactorily demonstrate that any Supervisory positions falling within the scope of Direct Program are meeting the expectation of provision of educational or supportive supervision with the aim of directly impacting client experiences, quality of services, and adherence to best practices and Statewide Standards.

#### b. Contract Modifications

i) **Notice of Change in Services** – The CONTRACTOR shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the statement of work. DOH and the CONTRACTOR will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.

#### c. Subcontracting

i) This statement of work does not allow a CONTRACTOR to subcontract for services.

#### d. Written Agreements

- i) The CONTRACTOR should execute written agreements with the providers listed below to document how the providers' services and activities will be coordinated with funded Medical HIV Case Management services and activities:
  - (1) Partner Counseling and Re-Linkage Services (PCRS)
  - (2) HIV Testing Services
  - (3) Medical Providers providing services to agency's medical case management clients
  - (4) Other Local Health Jurisdictions in the counties regularly served by the CONTRACTOR Technical assistance is available through DOH.

#### 13. Material Review and Website Disclaimer Notice

In accordance with all federal guidance, contractors receiving funds through this RFA will:

a. Submit all proposed written materials including, but not limited to, pictorials, audiovisuals, questionnaires, survey instruments, agendas for conferences, plans for educational sessions, and client satisfaction surveys purchased, produced, or used by staff funded with DOH funds to the State HIV/AIDS Materials Review Committee. CONTRACTOR shall submit all materials to be reviewed to:

Michael Barnes, Washington State Department of Health

PO Box 47840, Olympia, WA 98504-7841 Phone: (360) 810-1880/Fax: (360) 664-2216

Email: Michael.Barnes@doh.wa.gov

b. Assure prominent display of disclaimer notice on all websites containing HIV/AIDS education information (including sub- contractors). Such notice must consist of language similar to the following: "This site contains HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing needles, prevention messages and programs may address these topics. If you are not seeking such information or may be offended by such materials, please exit this website."

#### 14. Youth and Peer Outreach Workers

For purposes of this agreement, the term "youth" applies to persons under the age of 18. All programs, including subcontractors, using youth (either paid or volunteer) in program activities will use caution and judgment in the venues / situations where youth workers are placed. Agencies will give careful consideration to the age appropriateness of the activity or venue; will ensure that youth comply with all relevant laws and regulations regarding entrance into adult establishments and environments; and will implement appropriate safety protocols that include clear explanation of the appropriate laws and curfews and clearly delineate safe and appropriate participation of youth in program outreach activities.

**15.** Confidentiality Requirements – Reference pages 18-19 in the HCS Manual.

#### 16. Whistleblower

- a. Whistleblower statute, 41 U.S.C. & 4712, applies to all employees working for CONTRACTOR, subcontractors, and subgrantees on federal grants and contracts. The statute (41 U.S.C. & 4712) states that an "employee of a CONTRACTOR, subcontractor, grantee, or subgrantee, may not be discharged, demoted, or otherwise discriminated against as a reprisal for "whistleblowing." In addition, whistleblower protections cannot be waived by an agreement, policy, form, or condition of employment.
- b. The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections." This program requires all grantees, their subgrantees, and subcontractors to:
  - i. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program;
  - ii. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. & 4712 in the predominant native language of the workforce; and;
  - iii. CONTRACTOR and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

#### 17. Allowable Costs

All expenditures incurred and reimbursements made for performance under this statement of work shall be based on actual allowable costs. Costs can include direct labor, direct material, and other direct costs specific to the performance of activities or achievement of deliverables under this statement of work.

# For information in determining allowable costs, please reference OMB Circulars:

2 CFR200 (State, Local and Indian Tribal governments) at: <a href="https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards">https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards</a>

\*\*Disclosure of information is governed by the Washington Administrative Code (WAC) 246-101-120, 520 and 635, and the Revised Code of Washington (RCW) 70.24.080, 70.24.084, and 70.24.105 regarding the exchange of medical information among health care providers related to HIV/AIDS or STD diagnosis and treatment. Please note that CONTRACTORs fit under the definition of "health care providers" and "individuals with knowledge of a person with a reportable disease or condition" in the WAC and RCW.

DOH statutory authority to have access to the confidential information or limited Dataset(s) identified in this agreement to the Information Recipient: RCW 43.70.050 Information Recipient's statutory authority to receive the confidential information or limited Dataset(s) identified in this Agreement: RCW 70.02.220 (7)

# **DOH Program Contact, PLWH**

Chris Wukasch
DOH, HIV Client Services
PO Box 47841, Olympia, WA 98504-7841
360-236-3429/Fax: 360-664-2216
Chris.Wukasch@doh.wa.gov

# **DOH Program Contact, SSP**

Sarah Deutsch DOH, Infectious Disease Prevention PO Box 47840, Olympia, WA 98504-7841 360-236-3579/Fax: 360-664-2216 Sarah.Deutsch@doh.wa.gov

## **DOH Fiscal Contact**

Abby Gilliland DOH, Infectious Disease Operations Unit PO Box 47840, Olympia, WA 98504-7841 360-236-3351/Fax: 360-664-2216 Abby, Gilliland @doh.wa.gov

# Exhibit A Statement of Work Contract Term: 2018-2020

DOH Program Name or Title: Office of Drinking Water Group A Program -

Effective January 1, 2018

Local Health Jurisdiction Name: Kitsap Public Health District

**Contract Number:** CLH18248

SOW Type: Revision	Revision # (for this SOW) 4	Funding Source  Federal Contractor	Federal Compliance (check if applicable)	Type of Payment Reimbursement
Period of Performance: Jan	nuary 1, 2018 through December 31, 2020	State Other	FFATA (Transparency Act) Research & Development	Fixed Price

**Statement of Work Purpose:** The purpose of this statement of work is to provide funding to the LHJ for conducting sanitary surveys and providing technical assistance to small community and non-community Group A water systems.

**Revision Purpose:** The purpose of this revision is to extend funding periods from 12/31/19 to 12/31/20 for Yr22 SRF SS and TA, increase Total Consideration to incorporate 2020 SS and TA, and revise Special Billing Requirements and Special Instructions.

Chart of Accounts Program Name or Title	CFDA #	BARS	Master	Funding Period		Current	Change	Total
		Revenue	Index	(LHJ Use Only)		Consideration	Increase (+)	Consideration
		Code	Code	Start Date	<b>End Date</b>		Therease (1)	
Yr 20 SRF - Local Asst (15%) (FS) SS	N/A	346.26.64	24139220	01/01/18	12/31/18	0	0	0
Yr 20 SRF - Local Asst (15%) (FS) TA	N/A	346.26.66	24139220	01/01/18	12/31/18	0	0	0
Yr 20 SRF - Prog Mgmt (10%) (FS) TA	N/A	346.26.66	24137220	01/01/18	12/31/18	1,268	0	1,268
Yr 21 SRF - Local Asst (15%) (FS) SS	N/A	346.26.64	24139221	01/01/18	06/30/19	14,250	0	14,250
Yr 21 SRF - Local Asst (15%) (FS) TA	N/A	346.26.66	24139221	01/01/18	06/30/19	1,900	0	1,900
Yr 22 SRF - Local Asst (15%) (FO-SW) SS	N/A	346.26.64	24239222	01/01/19	12/31/20	12,750	8,500	21,250
Yr 22 SRF - Local Asst (15%) (FO-SW) TA	N/A	346.26.66	24239222	01/01/19	12/31/20	1,249	3,000	4,249
TOTALS						31,417	11,500	42,917

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Trained LHJ staff will conduct		Provide Final* Sanitary	Final Sanitary Survey	Upon ODW acceptance of the Final
	sanitary surveys of small community		Survey Reports to ODW	Reports must be	Sanitary Survey Report, the LHJ shall
	and non-community Group A water		Regional Office. Complete	received by the ODW	be paid \$250 for each sanitary survey
	systems identified by the DOH Office		Sanitary Survey Reports shall	Regional Office within	of a non-community system with three
	of Drinking Water (ODW) Regional		include:	30 calendar days of	or fewer connections.
	Office.		<ol> <li>Cover letter identifying</li> </ol>	conducting the	
			significant deficiencies,	sanitary survey.	Upon ODW acceptance of the Final
	See Special Instructions for task		significant findings,		Sanitary Survey Report, the LHJ shall
	activity.		observations,		be paid \$500 for each sanitary survey
			recommendations, and		of a non-community system with four

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	DOH will provide a tablet and GPS unit for the LHJ to gather source data during a routine sanitary survey. DOH expects the LHJ to commit to using the tablet and GPS for a five-year period.		referrals for further ODW follow-up.  2. Completed Small Water System checklist.  3. Updated Water Facilities Inventory (WFI).  4. Photos of water system with text identifying features  5. Any other supporting documents.  *Final Reports reviewed and accepted by the ODW Regional Office.  The LHJ surveyor will record at least two (2) GPS data points, for each source, into the preloaded Excel template on the tablet and submit that data file with the associated sanitary survey.		or more connections and each community system.  Payment is inclusive of all associated costs such as travel, lodging, per diem.  Payment is authorized upon receipt and acceptance of the Final Sanitary Survey Report within the 30 day deadline.  Late or incomplete reports may not be accepted for payment.
2	Trained LHJ staff will conduct Special Purpose Investigations (SPI) of small community and non- community Group A water systems identified by the ODW Regional Office.  See Special Instructions for task activity.		Provide completed SPI Report and any supporting documents and photos to ODW Regional Office.	Completed SPI Reports must be received by the ODW Regional Office within 2 working days of the service request.	Upon acceptance of the completed SPI Report, the LHJ shall be paid \$800 for each SPI.  Payment is inclusive of all associated costs such as travel, lodging, per diem.  Payment is authorized upon receipt and acceptance of completed SPI Report within the 2 working day deadline.  Late or incomplete reports may not be accepted for payment.

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3	Trained LHJ staff will provide direct technical assistance (TA) to small community and non-community Group A water systems identified by the ODW Regional Office.  See Special Instructions for task activity.		Provide completed TA Report and any supporting documents and photos to ODW Regional Office.	Completed TA Report must be received by the ODW Regional Office within 30 calendar days of providing technical assistance.	Upon acceptance of the completed TA Report, the LHJ shall be paid for each technical assistance activity as follows:  • Up to 3 hours of work: \$250 • 3-6 hours of work: \$500 • More than 6 hours of work: \$750  Payment is inclusive of all associated costs such as consulting fee, travel, lodging, per diem.  Payment is authorized upon receipt and acceptance of completed TA Report within the 30-day deadline.  Late or incomplete reports may not be accepted for payment.
4	LHJ staff performing the activities under tasks 1, 2 and 3 must have completed the mandatory Sanitary Survey Training.  See Special Instructions for task activity.		Prior to attending the training, submit an "Authorization for Travel (Non-Employee)" DOH Form 710-013 to the ODW Program Contact below for approval (to ensure that enough funds are available).	Annually	LHJ shall be paid mileage, per diem, lodging, and registration costs as approved on the pre-authorization form in accordance with the current rates listed on the OFM Website <a href="http://www.ofm.wa.gov/resources/travel.asp">http://www.ofm.wa.gov/resources/travel.asp</a>

#### \*For Information Only:

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <a href="http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf">http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf</a>

# **Program Specific Requirements/Narrative**

# Special References (RCWs, WACs, etc)

Chapter 246-290 WAC is the set of rules that regulate Group A water systems. By this statement of work, ODW contracts with the LHJ to conduct sanitary surveys (and SPIs, and provide technical assistance) for small community and non-community water systems with groundwater sources. ODW retains responsibility for conducting sanitary surveys (and SPIs, and provide technical assistance) for small community and non-community water systems with surface water sources, large water systems, and systems with complex treatment.

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. See special instructions under Task 4, below.

**AMENDMENT #12** 

# **Special Billing Requirements**

The LHJ shall submit quarterly invoices within 30 days following the end of the quarter in which work was completed, noting on the invoice the quarter and year being billed for. Payment cannot exceed a maximum accumulative fee of \$27,000 \$35,500 for Task 1, and \$4,417 \$7,417 for Task 2, Task 3 and Task 4 combined during the contracting period, to be paid at the rates specified in the Payment Method/Amount section above.

When invoicing for Task 1, submit the list of WS Name, ID #, Amount Billed, Survey Date and Letter Date that you are requesting payment.

When invoicing for Task 2-3, submit the list of WS Name, ID #, TA Date and description of TA work performed, and Amount Billed.

When invoicing for **Task 4**, submit receipts and the signed pre-authorization form for non-employee travel to the ODW Program Contact below and a signed A19-1A Invoice Voucher to the DOH Grants Management, billing to BARS Revenue Code 346.26.66 under Technical Assistance (TA).

#### **Special Instructions**

#### Task 1

Trained LHJ staff will evaluate the water system for physical and operational deficiencies and prepare a Final Sanitary Survey Report which has been accepted by ODW. Detailed guidance is provided in the *Field Guide for Sanitary Surveys, Special Purpose Investigations and Technical Assistance* (Field Guide). The sanitary survey will include an evaluation of the following eight elements: source; treatment; distribution system; finished water storage; pumps, pump facilities and controls; monitoring, reporting and data verification; system management and operation; and certified operator compliance. If a system is more complex than anticipated or other significant issues arise, the LHJ may request ODW assistance.

- No more than 3 surveys of non-community systems with three or fewer connections to be completed between January 1, 2018 and December 31, 2018.
- No more than **27** surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2018 and December 31, 2018.
- No more than 1 surveys of non-community systems with three or fewer connections to be completed between January 1, 2019 and December 31, 2019.
- No more than 25 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2019 and December 31, 2019.
- No more than 18 surveys of non-community systems with three or fewer connections to be completed between January 1, 2020 and December 31, 2020.
- No more than 8 surveys of non-community systems with four or more connections and all community systems to be completed between January 1, 2020 and December 31, 2020.

The process for assignment of surveys to the LHJ, notification of the water system, and ODW follow-up with unresponsive water systems; and other roles and responsibilities of the LHJ are described in the Field Guide.

#### Task 2

Trained LHJ staff will perform Special Purpose Investigations (SPIs) as assigned by ODW. SPIs are inspections to determine the cause of positive coliform samples or the cause of other emergency conditions. SPIs may also include sanitary surveys of newly discovered Group A water systems. Additional detail about conducting SPIs is described in the Field Guide. The ODW Regional Office must authorize in advance any SPI conducted by LHJ staff.

## Task 3

Trained LHJ staff will conduct Technical assistance as assigned by ODW. Technical Assistance includes assisting water system personnel in completing work or verifying work has been addressed as required, requested, or advised by the ODW to meet applicable drinking water regulations. Examples of technical assistance activities are described in the Field Guide. The ODW Regional Office must authorize in advance any technical assistance provided by the LHJ to a water system.

#### Task 4

LHJ staff assigned to perform activities under tasks 1, 2, and 3 must be trained and approved by ODW prior to performing work. LHJ staff performing the activities under tasks 1, 2 and 3 must have completed, with a passing score, the ODW Online Sanitary Survey Training and the ODW Sanitary Survey Field Training. LHJ staff performing activities under tasks 1, 2, and 3 must attend the Annual ODW Sanitary Survey Workshop, and are expected to attend the Regional ODW LHJ Drinking Water Meetings.

If required trainings, workshops or meetings are not available, not scheduled, or if the LHJ staff person is unable to attend these activities prior to conducting assigned tasks, the LHJ staff person may, with ODW approval, substitute other training activities to be determined by ODW. Such substitute activities may include one-on-one training with ODW staff, co-surveys with ODW staff, or other activities as arranged and pre-approved by ODW. LHJ staff may not perform the activities under tasks 1, 2, and 3 without completing the training that has been arranged and approved by ODW.

# Program Manual, Handbook, Policy References

http://www.doh.wa.gov/Portals/1/Documents/Pubs/331-486.pdf

**DOH Program Contact** 

Denise Miles DOH Office of Drinking Water 243 Israel Rd SE Tumwater, WA 98501

Denise.Miles@doh.wa.gov

(360) 236-3028

**DOH Fiscal Contact** 

Karena McGovern DOH Office of Drinking Water 243 Israel Rd SE Tumwater, WA 98501 Karena.McGovern@doh.wa.gov (360) 236-3094

# Exhibit A Statement of Work Contract Term: 2018-2020

DOH Program Name or Title: Office of Emergency Preparedness & Response -

Effective July 1, 2019

Local Health Jurisdiction Name: Kitsap Public Health District

**Contract Number:** CLH18248

**SOW Type**: Revision # (for this SOW) 1

Period of Performance: <u>July 1, 2019</u> through <u>June 30, 2020</u>

Funding Source	Federal Compliance	Type of Payment
	(check if applicable)	Reimbursement
State	FFATA (Transparency Act)	Fixed Price
Other	Research & Development	

**Statement of Work Purpose:** The purpose of this statement of work is to establish the funding and tasks for the Public Health Emergency Preparedness and Response program for the 2019 grant period.

**Revision Purpose:** The purpose of this revision is to add regional or statewide to scope of emergency preparedness events to be attended, spell out acronyms, update several deliverables and due dates to match activities, clarify health care coalition participation and deliverable, and update DOH contact information.

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue	Master Index	Funding (LHJ Use	•	Current Consideration	Change None	Total Consideration
		Code	Code	Start Date	End Date			
FFY19 PHEP BP1 LHJ FUNDING	93.069	333.93.06	31102190	07/01/19	06/30/20	295,345	0	295,345
TOTALS						295,345	0	295,345

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Attend emergency preparedness events, (e.g. trainings, meetings, conference calls, and conferences) to advance LHJ <i>regional or statewide</i> preparedness or complete the deliverables in this statement of work.		Submit summary on the mid-year and end of year progress report.	December 31, 2019 and June 30, 2020	Reimbursement for actual costs not to exceed total funding consideration amount
2	Complete reporting templates as requested by DOH to comply with program and federal grant requirements including gap analysis, mid-year report and end-of-year report.		Submit completed templates to DOH.	Upon request	
3	Complete all performance measure reporting requirements as requested by DOH.		Submit completed performance measure data.	Upon request	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
4	Training: 4.1) Provide training for appropriate staff who serve in the Emergency Operations Center (EOC) and the Emergency Support Function #8: Public Health and Medical Services (ESF#8) role on the Incident Command System, ESF#8 response plans and policies.		Submit mid-year and end-of-year progress reports.	December 31, 2019 and June 30, 2020	
	4.2) Train appropriate public health emergency response staff on Web EOC or applicable information management system utilized by the local health department		Provide sign in sheets of trainings conducted, with attendee signatures and contact information-or registrations if training is conducted by an entity other than the LHJ. If DOH, or a DOH Contractor, is providing the training, LHJ does not need to submit sign in sheets.	Upon completion of training, but no later than June 30, 2020	
5	Washington Secure Electronic Communication, Urgent Response and Exchange System (WASECURES):				
	<b>5.1</b> ) Maintain WASECURES program as the primary emergency notification system within the LHJ for receiving alerts from DOH, and include all critical LHJ positions as registered users.		Submit mid-year and end of year progress reports.	December 31, 2019 and June 30, 2020	
	<b>5.2</b> ) Participate in DOH-led WASECURES notification drills		A list of registered users with their title and role in the emergency response plan.	December 31, 2019	
	5.3) Conduct a notification drill using LHJ's preferred staff notification system.  Notes: Registered users must log in quarterly at a minimum. DOH will provide on-site technical assistance to LHJs on utilizing WASECURES. LHJs may choose to utilize other notification systems in addition to WASECURES to alert staff during incidents.		Submit results of notification drills conducted or participated in.	Within one week of the drill, but no later than June 30, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
6	Communications:				
	<b>6.1</b> ) Participate in at least one risk communications webinar hosted by DOH. Webinars will be offered twice; one in the first half of the budget period and one in the second half of the budget period.		Submit mid-year and end of year progress reports.	December 31, 2019 and June 30, 2020	
	<ul> <li>6.2) Participate in DOH Public Information Officer Workgroup.</li> <li>6.3) Participate in at least one risk communications drill conducted by DOH. Drill will occur via webinar, conference call, and email. Drill will test LHJ's ability to develop and disseminate key messages via social media, email to community partners, phone trees, newsletters, and other means preferred by the LHJ.</li> </ul>		Submit messaging used to inform the public during drills, including a summary of how communication tools were used.	Within 90 days of drill, but no later than June 30, 2020	
	6.4) Produce an after action report (AAR) evaluating LHJ participation in the drill. 6.4) Conduct a hot wash evaluating LHJ participation in the drill.		Submit After Action Reports (AARs). Submit documentation of items identified in hot wash in mid-year and end of year reports.	Within 90 days of the drill, but no later than June 30, 2020 December 31, 2019 and June 30, 2020	
	<b>6.5</b> ) Participation in a real-world incident will satisfy the need to participate in a communications drill.		Submit documentation of participation in incident including communication methods and tools used. Submit AAR.	Within 90 days of the end of the incident, but no later than June 30, 2020	
7	Non-CRI LHJs: Update plans to request, receive, and dispense medical countermeasures. Plans should include the addresses of all local public Points of Dispensing (PODs) (not including pharmacies or healthcare facilities), sources of public POD staffing, local receiving and pickup sites (Hubs) identified by the LHJ, and whether the LHJ intends to pick countermeasures from DOH.		Submit mid-year and end of year progress reports.  Submit updated plan to request, receive and dispense medical countermeasures.	December 31, 2019 and June 30, 2020 June 30, 2020	
	Note: LHJs are not required to maintain a HUB; LHJs may partner with other organizations to centralize distribution.				

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
8	Provide immediate notification to the DOH Duty Officer at 360-888-0838 or <a href="mailto:hanalert@doh.wa.gov">hanalert@doh.wa.gov</a> for all response incidents involving utilization of emergency response plans and structures.		Submit mid-year and end of year progress reports including documentation that notification to DOH was provided; or statement that no incident response occurred.	December 31, 2019 and June 30, 2020	
			Send notification to DOH Duty Officer.	As soon as possible (performance measure target is within 60 minutes)	
9	Produce and provide situation reports documenting LHJ activity to DOH during all incidents involving an emergency response or activation by the LHJ. Situation reports may be developed by the LHJ, or may be jurisdictional situation reports that include input from the LHJ.		Submit situation reports to DOH Duty Officer by email to HANALERT@doh.wa.gov.  Submit mid-year and end of year progress reports to include situation reports demonstrating DOH was notified of incident response, or statement that no incident response occurred.	Upon completion  December 31, 2019 and June 30, 2020	
10	Provide Essential Elements of Information (EEIs) during incident response upon request by DOH.  Note: DOH will convey requests for specific data elements (EEIs) to the LHJ during an incident.		Provide essential elements of information upon request.	Upon request	
H	Attend regional Health Care Coalition (HCC) district meetings as requested by HCC Lead and deemed appropriate by LHJ.		Submit mid-year and end of year progress reports documenting participation in meetings.	December 31, 2019 and June 30, 2020	
12	Participate in development of Disaster Clinical Advisory Committee (DCAC) meetings as appropriate. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts.		Submit mid year and end of year progress reports documenting participation in DCAC.	<del>December 31, 2019</del> and June 30, 2020	
13	Participate in at least one HCC drill and/or exercise to include, but not limited to: redundant communications, WATrac, Coalition Surge Test (CST), or other drills and exercises to support planning and response efforts inclusive of public health and/or ESF8.		Submit mid-year and end of year progress reports documenting participation in drills/exercises.	December 31, 2019 and June 30, 2020	
14	Actively participate in discussions pertaining to Emergency Support Function #8 (ESF8) and HCC		Submit mid-year and end of year progress reports.	December 31, 2019 and June 30, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	roles and responsibilities, as requested by HCC Lead and deemed appropriate by LHJ.				
<del>15</del>	Participate in HCC planning process to update plans by reviewing coalition plans for alignment with local ESF8 plans.		Submit mid year and end of year progress reports.	December 31, 2019 and June 30, 2020	
16	Coordinate with HCC during responses involving healthcare organizations within your jurisdiction.  If no response occurred, document that in mid year and end of year progress reports.		Submit mid year and end of year progress reports.	December 31, 2019 and June 30, 2020	
11	Regional Health Care Coalition (HCC), participate in:  - Regional HCC district meetings as requested by HCC Lead and deemed appropriate by LHJ.  - Development of Disaster Clinical Advisory Committee (DCAC) meetings as appropriate. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts.  - At least one HCC drill and/or exercise to include, but not limited to: redundant communications, WATrac, Coalition Surge Test (CST), or other drills and exercises to support planning and response efforts inclusive of public health and/or Emergency Support Function 8: Public Health and Medical Services (ESF8).  - Discussions pertaining to ESF8 and HCC roles and responsibilities, as requested by HCC Lead and deemed appropriate by LHJ.  - Reviewing HCC plans for alignment with local ESF8 plans.  - Coordination with HCC during responses involving healthcare organizations within your jurisdiction. If no response occurred, document that in mid-year and end of year progress reports.		Submit mid-year and end of year progress reports documenting activities.	December 31, 2019 and June 30, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
17 12	Participate in one or more exercises or real world incidents testing each of the following:  • The process for requesting and receiving resource support  • The process for gaining and maintaining situational awareness of, at a minimum:  ○ The functionality of critical public health operations  ○ The functionality of critical healthcare facilities and the services they provide  ○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications)  ○ Number of disease cases  ○ Number of fatalities attributed to an incident  ○ Development of an ESF8 situation report, or compilation of situational awareness information to be included in a County situation report  ○ Emergency Operations Center (EOC) or Incident Command System (ICS) activation		Submit mid-year and end of year progress reports.  Submit After Action Reviews (AARs) and Corrective Action Plan (CAP) for each drill/exercise/incident conducted or participated in.	December 31, 2019 and June 30, 2020  Within 60 days of completion of exercise/incident, but no later than June 30, 2020	
<del>18</del> <del>13</del>	Vulnerable populations:  18.1) Update and maintain the All Hazards Plan to address vulnerable populations.  18.2) Provide a procedure, checklist, job action sheet, or other document(s) that describe how the needs of vulnerable populations (especially those with access and functional needs) will be addressed during a response. The document(s) should also describe how the LHJ will engage directly with the affected populations during a response.  18.3) Document the primary groups within the LHJ boundaries identified in <i>Centers for Disease Control and Prevention</i> (CDC)'s Social Vulnerability Index to inform public health response planning.		Submit mid-year and end of year progress reports.  Submit updated sections of the All Hazards Plan.  Submit procedure checklist, job action sheet or other documentation.  Documentation of primary vulnerable population groups.	December 31, 2019 and June 30, 2020 June 30, 2020 June 30, 2020	

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<del>19</del> 14	Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine		Submit mid-year and end of year progress reports.	December 31, 2019 and June 30, 2020	
	facilities). Plans must meet requirements defined in Washington Administrative Code (WAC) 246.100.045.		Submit logistical isolation and quarantine plan.	June 30, 2020	
2 <del>0</del> 15	Develop and maintain agreements with facilities within the region that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station		Submit mid-year and end of year progress reports.	December 31, 2019 and June 30, 2020	
	(FMS).		List of facilities and copies of current agreements.	June 30, 2020	
21 16	Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACFs) or Federal Medical Station		Submit mid-year and end of year progress reports	December 31, 2019 and June 30, 2020	
	<ul> <li>(FMS) operations including at a minimum:</li> <li>Biohazard/Waste Management</li> <li>Feeding</li> <li>Laundry</li> <li>Communications</li> <li>Sanitation</li> </ul>		Vendor lists for the support services listed.	December 31, 2019	
22 17	Update and maintain public health preparedness training and exercise plan.		Submit updated training and exercise plan.	December 31, 2019	
23 18	Complete an evaluation of your response capabilities based on a standard evaluation tool provided by DOH.		Document evaluation participation in the <i>mid-year and</i> end of year progress reports.	December 31, 2019 and June 30, 2020	
<del>24</del> 19	Produce a budget plan including a detailed 12-month spending plan demonstrating how the LHJ plans to spend the funds during this period of performance, using a budget template provided by DOH.		Submit budget plan using DOH-provided template.	August 1, 2019	
	Note: 20% of LHJ's annual allocation will be withheld until this requirement is met. Failure to meet this requirement may result in DOH redirecting funds from the LHJ.				

Task Number	Task/Activity/Description	*May Support PHAB Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
Addition	al activities as requested by the LHJ:				
25 20	Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.		Submit mid-year and end-of-year progress reports	December 31, 2019 and June 30, 2020	
26 21	Maintain county and regional public health emergency answering service and duty officer program.  Costs will be pro-rated and shared equally with Kitsap Public Health District Emergency Preparedness, Community Health and Environmental Health programs.		Submit mid-year and end-of-year progress reports	December 31, 2019 and June 30, 2020	
<del>27</del> 22	Update County Pandemic Influenza Plan based on Center for Disease Control & Prevention guidance.		Submit mid-year and end of year progress reports  Submit County Pandemic Influenza Plan.	December 31, 2019 and June 30, 2020 June 30, 2020	
28 23	Update County Emergency Support Function # 8 resource documents.		Submit mid-year and end of year progress reports  Submit updated ESF 8 resource documents.	December 31, 2019 and June 30, 2020 June 30, 2020	
<del>29</del> 24	Review and update, as needed, LHJ's response plans, including:  • All Hazards Emergency Response Plan  • LHJ Continuity of Operations Plan  • LHJ Risk Communications Plan		Submit mid-year and end of year progress reports  Submit updated plans.	December 31, 2019 and June 30, 2020 June 30, 2020	

# \*For Information Only:

Funding is not tied to the revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other Public Health Accreditation Board (PHAB) Standards/Measures that may apply can be found at: <a href="http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf">http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf</a>

# **Program Specific Requirements/Narrative**

Any subcontract/s must be approved by DOH prior to executing the contract/s.

Deliverables are to be submitted to the ConCon deliverables mailbox at concondeliverables@doh.wa.gov

# **Special Requirements**

# Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Data Universal Numbering System (DUNS®) number.

Information about the LHJ and this statement of work will be made available on <u>USASpending.gov</u> by DOH as required by P.L. 109-282.

#### **Restrictions on Funds**

Please reference the Code of Federal Regulations:

https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccec462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200 1439

# **DOH Program Contact**

Karen Kenneson, Admin Operations Supervisor Tory Henderson, Contracts & Finance Specialist Department of Health P O Box 47960, Olympia, WA 98504-7960 360-236-4075 / karen.kenneson@doh.wa.gov 360-236-4596 / tory.henderson@doh.wa.gov EXHIBIT B-12 ALLOCATIONS Contract Term: 2018-2020

Contract Number: CLH18248

Date: November 15, 2019

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**		t of Work g Period End Date	Chart of Fundin	Accounts g Period End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
FFY20 CSS USDA FINI Prog Mgnt	20157001823357	Amd 8	10.331	333.10.33	10/01/19	03/31/20	10/01/19	03/31/20	(\$13,410)	\$25,000	\$145,847
FFY20 CSS USDA FINI Prog Mgnt	20157001823357	Amd 6	10.331	333.10.33			10/01/19		\$38,410	Ψ23,000	Ψ1+3,0+7
FFY19 CSS USDA FINI Prog Mgnt	20157001823357	Amd 8	10.331	333.10.33				09/30/19	(\$10,716)	\$78,347	
FFY19 CSS USDA FINI Prog Mgnt	20157001823357	N/A	10.331	333.10.33		09/30/19	10/01/18		\$89,063	φ, σ,ε.,	
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 8	10.331	333.10.33		09/30/18	10/01/17	09/30/18	(\$7,500)	\$42,500	
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 6	10.331	333.10.33			10/01/17	09/30/18	(\$95,842)	+ ·=,• · ·	
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	Amd 2	10.331	333.10.33			10/01/17	09/30/18	\$55,060		
FFY18 CSS USDA FINI Prog Mgnt	20157001823357	N/A	10.331	333.10.33		09/30/18	10/01/17		\$90,782		
FFY20 CSS IAR SNAP Ed Prog Mgnt-Region 5	207WAWA5Q3903	Amd 10	10.561	333.10.56	10/01/19	09/30/20	10/01/19	09/30/20	\$83,000	\$83,000	\$83,000
FFY19 CSS IAR SNAP Ed Program Mgnt	197WAWA5Q3903	Amd 9	10.561	333.10.56	10/01/18	09/30/19	10/01/18	09/30/19	\$708	\$69,875	\$159,906
FFY19 CSS IAR SNAP Ed Program Mgnt	197WAWA5Q3903	Amd 4	10.561	333.10.56			10/01/18		\$69,167	, ,	,,
FFY18 CSS IAR SNAP Ed Program Mgnt CF	187WAWA5Q3903	Amd 4	10.561	333.10.56			10/01/18		\$13,833	\$13,833	
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	Amd 4	10.561		01/01/18		10/01/17		\$8,150	\$69,281	
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	Amd 2	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$26,548		
FFY18 CSS IAR SNAP Ed Program Mgnt	187WAWA5Q3903	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$34,583		
FFY17 CSS IAR SNAP Ed Program Mgnt CF	1717WAWA5Q390	N/A	10.561	333.10.56	01/01/18	09/30/18	10/01/17	09/30/18	\$6,917	\$6,917	
FFY19 Housing People with AIDS Formula	WAH18-F999	Amd 8	14.241	333.14.24	07/01/19	06/30/20	07/01/19	06/30/20	\$53,379	\$53,379	\$141,402
FFY18 Housing People with AIDS Formula	WAH18-F999	Amd 8	14.241	333.14.24	07/01/18	06/30/19	07/01/18	06/30/19	\$36,083	\$88,023	, , ,
FFY18 Housing People with AIDS Formula	WAH18-F999	Amd 5	14.241	333.14.24	07/01/18	06/30/19	07/01/18	06/30/19	\$51,940	, , , , ,	
PS SSI 1-5 BEACH Task 4	01J18001	Amd 7	66.123	333.66.12	03/01/19	10/31/19	07/01/17	10/31/19	\$5,800	\$5,800	\$11,600
PS SSI 1-5 BEACH Task 4	01J18001	Amd 1	66.123				07/01/17		\$5,800	\$5,800	Ψ11,000
PS SSI 1-5 PIC Task 4	01J18001	Amd 2, 8	66.123	333.66.12	01/01/18	09/30/19	07/01/17	06/30/19	(\$50,000)	\$28,805	\$28,805
PS SSI 1-5 PIC Task 4	01J18001	N/A, Amd 8	66.123	333.66.12	01/01/18	09/30/19	07/01/17	06/30/19	\$78,805		
FFY19 Swimming Beach Act Grant IAR (ECY)	01J49701	Amd 7	66.472	333.66.47	03/01/19	10/31/19	12/15/18	10/31/19	\$14,000	\$14,000	\$28,000
FFY18 Swimming Beach Act Grant IAR (ECY)	00J75501	Amd 1	66.472	333.66.47	03/01/18	10/31/18	12/15/17	12/14/18	\$14,000	\$14,000	
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	Amd 2	93.069	333.93.06	01/01/18	06/30/18	07/01/17	07/02/18	\$44,006	\$163,223	\$163,223
FFY17 EPR PHEP BP1 LHJ Funding	NU90TP921889-01	N/A	93.069	333.93.06					\$119,217	, -	,,

EXHIBIT B-12 ALLOCATIONS Contract Term: 2018-2020

Contract Number:

mber: CLH18248
Date: November 15, 2019

Chart of Accounts Program Title	Federal Award Identification #	Amend #	CFDA*	BARS Revenue Code**	Statement Funding Start Date	g Period	Chart of Funding	Accounts g Period End Date	Amount	Funding Period Sub Total	Chart of Accounts Total
FFY18 EPR PHEP BP1 Supp LHJ Funding FFY18 EPR PHEP BP1 Supp LHJ Funding	NU90TP921889-01 NU90TP921889-01	Amd 5 Amd 4	93.069 93.069	333.93.06 333.93.06	07/01/18 07/01/18	06/30/19 06/30/19	07/01/18 07/01/18		\$5,318 \$290,027	\$295,345	\$295,345
FFY19 PHEP BP1 LHJ Funding	NU90TP922043	Amd 10	93.069	333.93.06	07/01/19	06/30/20	07/01/19	06/30/20	\$295,345	\$295,345	\$295,345
FFY19 Overdose Data to Action Prev	NU17CE925007	Amd 11	93.136	333.93.13	09/01/19	08/31/20	09/01/19	08/31/20	\$50,000	\$50,000	\$50,000
FFY17 317 Ops	5NH23IP000762-05-00	N/A	93.268	333.93.26	01/01/18	06/30/18	04/01/17	06/30/18	\$4,837	\$4,837	\$4,837
FFY17 AFIX FFY17 AFIX	5NH23IP000762-05-00 5NH23IP000762-05-00	Amd 2, 4 N/A	93.268 93.268	333.93.26 333.93.26			04/01/17 04/01/17	06/30/19 06/30/18	\$27,563 \$14,258	\$27,563 \$14,258	\$41,821
FFY17 Increasing Immunization Rates	NH23IP000762	Amd 3, 4	93.268	333.93.26	07/01/18	06/30/19	07/01/18	06/30/19	\$16,134	\$16,134	\$16,134
FFY20 PPHF Ops FFY17 PPHF Ops	NH23IP922619 NH23IP000762	Amd 9 Amd 3, 4	93.268 93.268	333.93.26 333.93.26	07/01/19 07/01/18		07/01/19 04/01/18		\$2,500 \$2,500	\$2,500 \$2,500	\$5,000
FFY20 VFC IQIP	NH23IP922619	Amd 9	93.268	333.93.26	07/01/19	06/30/20	07/01/19	06/30/20	\$27,588	\$27,588	\$27,588
FFY20 VFC Ops FFY17 VFC Ops	NH23IP922619 5NH23IP000762-05-00	Amd 9 N/A	93.268 93.268		07/01/19 01/01/18	06/30/20 06/30/18	07/01/19 04/01/17	06/30/20 06/30/18	\$16,134 \$7,054	\$16,134 \$7,054	\$23,188
FFY19 Tobacco Prevention FFY19 Tobacco Prevention FFY19 Tobacco Prevention FFY18 Tobacco Prevention	U58DP006004 U58DP006004 U58DP006004 U58DP006004	Amd 9 Amd 9 Amd 8 Amd 2	93.305 93.305 93.305 93.305	333.93.30 333.93.30 333.93.30 333.93.30	03/29/19 03/29/19 03/29/19 03/29/18	06/30/19 06/30/19	03/29/19 03/29/19 03/29/19 03/29/18	04/28/20 03/28/20 03/28/20 03/28/19	\$24,482 (\$6,120) \$6,120 \$11,012	\$24,482 \$0 \$11,012	\$35,494
FFY19 Phys Actvty & Nutrition Prog FFY18 Phys Actvty & Nutrition Prog	NU58DP006504 NU58DP006504	Amd 10 Amd 8	93.439 93.439	333.93.43 333.93.43		09/29/20 09/29/19	09/30/19 09/28/18		\$60,000 \$60,000	\$60,000 \$60,000	\$120,000
FFY17 TCPI PTN Contracts	1L1331455	Amd 1, 3	93.638	333.93.63	01/01/18	09/28/18	09/29/17	09/28/18	\$73,117	\$73,117	\$73,117
FFY18 PHBG Tobacco PPHF FFY17 PHBG Tobacco PPHF FFY17 PHBG Tobacco PPHF FFY17 PHBG Tobacco PPHF	NB01OT009234 NB01OT00918 NB01OT00918 NB01OT00918	Amd 4 Amd 3 Amd 2, 3 N/A, Amd 3	93.758 93.758 93.758 93.758	333.93.75 333.93.75 333.93.75 333.93.75	10/01/18 01/01/18 01/01/18 01/01/18	09/29/18	10/01/18 07/01/17 07/01/17 07/01/17	09/30/18 09/30/18	\$40,000 \$3,235 \$5,799 \$20,000	\$40,000 \$29,034	\$69,034

Kitsap Public Health District

EXHIBIT B-12 ALLOCATIONS Contract Term: 2018-2020

Contract Number:

mber: CLH18248
Date: November 15, 2019

	Federal Award			BARS Revenue	Statement Funding			Accounts g Period		Funding Period	Chart of Accounts
Chart of Accounts Program Title	Identification #	Amend #	CFDA*	Code**	Start Date	<b>End Date</b>	Start Date	End Date	Amount	Sub Total	Total
FFY17 EPR HPP BP1 Healthcare System Prep FFY17 EPR HPP BP1 Healthcare System Prep	NU90TP921889-01 NU90TP921889-01	Amd 2 N/A	93.889 93.889	333.93.88 333.93.88	01/01/18 01/01/18		07/01/17 07/01/17		\$4,477 \$13,943	\$18,420	\$18,420
FFY19 RW HIV Peer Nav Proj-Proviso FFY18 RW HIV Peer Nav Proj-Proviso FFY18 RW HIV Peer Nav Proj-Proviso	5X07HA000832800 5X07HA000832800 5X07HA000832800	Amd 8 Amd 4 Amd 2, 4	93.917 93.917 93.917	333.93.91 333.93.91 333.93.91	04/01/18	03/31/19	04/01/19 04/01/18 04/01/18	03/31/19	\$14,353 \$22,871 \$34,541	\$14,353 \$57,412	\$71,765
FFY18 RW HIV Provider Capacity-Proviso	5X07HA000832800	Amd 2, 4	93.917	333.93.91	04/01/18	03/31/19	04/01/18	03/31/19	\$30,695	\$30,695	\$30,695
FFY19 Ryan White Supp Direct Svcs	5X07HA000832800	Amd 12	93.917	333.93.91	09/30/19	06/30/20	09/30/19	09/29/20	\$109,140	\$109,140	\$109,140
FFY20 MCHBG LHJ Contracts FFY19 MCHBG LHJ Contracts FFY18 MCHBG LHJ Contracts	B04MC32578 B04MC32578 B04MC31524	Amd 10 Amd 4 N/A	93.994 93.994 93.994	333.93.99 333.93.99 333.93.99	10/01/18	09/30/20 09/30/19 09/30/18	10/01/19 10/01/18 10/01/17	09/30/19	\$159,854 \$159,854 \$119,891	\$159,854 \$159,854 \$119,891	\$439,599
GFS-Group B (FO-SW) GFS-Group B (FO-SW) GFS-Group B (FO-SW)		Amd 10 Amd 10 Amd 3 N/A	N/A N/A N/A	334.04.90 334.04.90		06/30/20 06/30/18	07/01/19 07/01/19 07/01/17 07/01/17	06/30/21 06/30/19	\$10,000 \$10,000 (\$10,000) \$10,000	\$10,000 \$10,000 \$0	\$20,000
FY2 Group B Programs for DW (FO-SW) FY1 Group B Programs for DW (FO-SW)		Amd 3 Amd 3	N/A N/A	334.04.90 334.04.90		06/30/19 06/30/18	07/01/18 01/01/18		\$10,000 \$20,000	\$10,000 \$20,000	\$30,000
Healthy Communities Healthy Communities		<b>Amd 12</b> Amd 10	N/A N/A	<b>334.04.91</b> 334.04.91	07/01/19 07/01/19	06/30/20 06/30/20	07/01/19 07/01/19		( <b>\$3,425</b> ) \$3,425	<b>\$0</b>	\$0
State Drug User Health Program State Drug User Health Program		Amd 9 Amd 8	N/A N/A	334.04.91 334.04.91	07/01/19 01/01/19	06/30/20 06/30/19	07/01/19 07/01/18	06/30/21 06/30/19	\$40,000 \$54,478	\$40,000 \$54,478	\$94,478
State HIV CS/End AIDS WA State HIV CS/End AIDS WA State HIV CS/End AIDS WA		Amd 8 Amd 6 Amd 6	N/A N/A N/A	334.04.91 334.04.91 334.04.91	01/01/19 01/01/19 10/01/18	06/30/19 12/31/18	07/01/17 07/01/17 07/01/17	06/30/19 06/30/19 06/30/19	\$2,083 \$10,413 \$2,083	\$12,496 \$2,083	\$23,948
State HIV CS/End AIDS WA State HIV CS/End AIDS WA		Amd 2 Amd 2	N/A N/A	334.04.91 334.04.91	07/01/18 03/01/18		07/01/17 07/01/17	06/30/19 06/30/19	\$6,246 \$3,123	\$6,246 \$3,123	

EXHIBIT B-12 ALLOCATIONS Contract Term: 2018-2020

Contract Number:

mber: CLH18248
Date: November 15, 2019

							DOH U	se Only			
				BARS	Statemen	t of Work	Chart of	Accounts		Funding	Chart of
	Federal Award			Revenue	Funding	g Period	Funding	g Period		Period	Accounts
Chart of Accounts Program Title	Identification #	Amend #	CFDA*	Code**	Start Date	End Date	Start Date	<b>End Date</b>	Amount	Sub Total	Total
State HIV Prevention		Amd 8	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	(\$43,333)	\$0	\$51,667
State HIV Prevention		Amd 6	N/A	334.04.91	01/01/19	06/30/19	07/01/17	06/30/19	\$43,333		
State HIV Prevention		Amd 6	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$11,667	\$31,667	
State HIV Prevention		N/A	N/A	334.04.91	07/01/18	12/31/18	07/01/17	06/30/19	\$20,000		
State HIV Prevention		N/A	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$20,000	\$20,000	
State HIV Prevention PrEP		Amd 3	N/A	334.04.91	07/01/18	06/30/19	07/01/17	06/30/17	\$9,172	\$9,172	\$13,758
State HIV Prevention PrEP		Amd 2	N/A	334.04.91	01/01/18	06/30/18	07/01/17	06/30/19	\$4,586	\$4,586	
FPH Lead Case Mgmt-FPH		Amd 12	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$3,425	\$3,425	\$3,425
SFY2 Lead Environments of Children		Amd 7	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	(\$3,000)	\$2,000	\$5,000
SFY2 Lead Environments of Children		Amd 4	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$5,000		
SFY1 Lead Environments of Children		Amd 1	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$3,000	\$3,000	
SFY20 Marijuana Education		Amd 10	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$5,950	\$5,950	\$5,950
SFY21 Marijuana Tobacco Edu		Amd 9	N/A	334.04.93	07/01/20	12/31/20	07/01/20	06/30/21	\$247,509	\$247,509	\$898,341
SFY20 Marijuana Tobacco Edu		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/20	\$247,509	\$247,509	
SFY19 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$247,509	\$247,509	
SFY19 Marijuana Tobacco Edu		Amd 2	N/A	334.04.93	07/01/18	06/30/19	07/01/18	06/30/19	\$7,501	\$7,501	
SFY18 Marijuana Tobacco Edu		Amd 3	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$49,558	\$148,313	
SFY18 Marijuana Tobacco Edu		N/A	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/18	\$98,755		
Rec Shellfish/Biotoxin		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$15,000	\$15,000	\$37,500
Rec Shellfish/Biotoxin		N/A	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$22,500	\$22,500	
Small Onsite Management (ALEA)		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$45,000	\$45,000	\$75,000
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	07/01/18	06/30/18	07/01/17	06/30/19	\$15,662	\$15,662	
Small Onsite Management (ALEA)		Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	(\$15,662)	\$14,338	
Small Onsite Management (ALEA)		N/A, Amd 5	N/A	334.04.93	01/01/18	06/30/18	07/01/17	06/30/19	\$30,000		
Wastewater Management-GFS		Amd 9	N/A	334.04.93	07/01/20	12/31/20	07/01/19	06/30/21	\$15,000	\$15,000	\$45,000
Wastewater Management-GFS		N/A	N/A	334.04.93	07/01/18	06/30/19	07/01/17	06/30/19	\$30,000	\$30,000	

Kitsap Public Health District

EXHIBIT B-12 ALLOCATIONS Contract Term: 2018-2020

**Contract Number:** 

mber: CLH18248 Date: November 15, 2019

				BARS		t of Work	Chart of	Jse Only Accounts		Funding	Chart of
Chart of Assounts Dusquem Title	Federal Award Identification #	Amond #	CFDA*	Revenue Code**		g Period		g Period	Amount	Period Sub Total	Accounts
Chart of Accounts Program Title	Identification #	Amend #	CFDA	Code	Start Date	e End Date	Start Date	End Date	Amount	Sub Total	Total
FPH-Youth Tobacco Vapor Prevention		Amd 11	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$24,512	\$24,512	\$24,512
Youth Tobacco Vapor Products		Amd 11	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	(\$8,451)	\$38,403	\$121,091
Youth Tobacco Vapor Products		Amd 9	N/A	334.04.93	07/01/19	06/30/20	07/01/19	06/30/21	\$46,854		
Youth Tobacco Vapor Products		Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$36,000	\$82,688	
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$25,544		
Youth Tobacco Vapor Products		Amd 2, 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$4,655		
Youth Tobacco Vapor Products		N/A, Amd 6	N/A	334.04.93	01/01/18	06/30/19	07/01/17	06/30/19	\$16,489		
ADAP Rebate (Local) 19-21		Amd 9	N/A	334.04.98	07/01/19	06/30/20	07/01/19	06/30/21	\$91,728	\$91,728	\$91,728
FFY17 ADAP Rebate (Local) 17-19		Amd 5	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	(\$225,000)	\$82,556	\$348,834
FFY17 ADAP Rebate (Local) 17-19		Amd 3	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	\$82,556		
FFY17 ADAP Rebate (Local) 17-19		N/A, Amd 3	N/A	334.04.98	07/01/18	06/30/19	07/01/17	06/30/19	\$225,000		
FFY17 ADAP Rebate (Local) 17-19		Amd 2	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$41,278	\$266,278	
FFY17 ADAP Rebate (Local) 17-19		N/A	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/19	\$225,000		
SFY17 Managed Care Org		Amd 1	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/18	(\$32,678)	\$6,536	\$6,536
SFY17 Managed Care Org		N/A	N/A	334.04.98	01/01/18	06/30/18	07/01/17	06/30/18	\$39,214		
FFY20 RW Grant Year Local (Rebate)		Amd 12	N/A	334.04.98	04/01/20	06/30/20	04/01/20	03/31/21	(\$27,285)	\$88,861	\$804,903
FFY20 RW Grant Year Local (Rebate)		Amd 9	N/A	334.04.98			04/01/20		\$116,146	φου,ου1	φου <b>4,</b> 203
FFY19 RW Grant Year Local (Rebate)		Amd 12	N/A	334.04.98	07/01/19		04/01/19	03/31/20	(\$81,855)	\$266,582	
FFY19 RW Grant Year Local (Rebate)		Amd 9	N/A	334.04.98	07/01/19			03/31/20	\$348,437	<b>4200,202</b>	
FFY19 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98				03/31/20	\$112,230	\$112,230	
FFY18 RW Grant Year Local (Rebate)		Amd 6	N/A	334.04.98				03/31/19	\$112,230	\$112,230	
FFY18 RW Grant Year Local (Rebate)		Amd 5	N/A	334.04.98			04/01/18		\$225,000	\$225,000	
•											
FFY19 RW Local Proviso		Amd 9	N/A	334.04.98	07/01/19	06/30/20	07/01/19	06/30/20	\$41,749	\$41,749	\$41,749
EDUC E 4: f 1 111-		A 1 10	NI/A	226 04 25	07/01/20	12/21/20	07/01/10	06/20/21	¢147.245	¢1.47.245	¢442.025
FPHS Funding for LHJs		Amd 10	N/A	336.04.25			07/01/19		\$147,345	\$147,345	\$442,035
FPHS Funding for LHJs		Amd 10	N/A	336.04.25	07/01/19			06/30/21	\$147,345	\$147,345	
FPHS Funding for LHJs Dir		Amd 3	N/A	336.04.25	0//01/18	06/30/19	07/01/17	06/30/19	\$147,345	\$147,345	

EXHIBIT B-12

Kitsap Public Health District

ALLOCATIONS

Contract Term: 2018-2020

ALLOCATIONS Contract Number:

Date: November 15, 2019

CLH18248

					Gr. t	6337 1	DOH U	•			
	Federal Award			BARS Revenue	Statement		Chart of Funding			Funding Period	Chart of
Chart of Accounts Program Title	Identification #	Amend #	CFDA*		,	•	Start Date	•	Amount		Accounts Total
Chart of Accounts Frogram Title	identification #	Amenu #	CFDA	Code	Start Date	Ellu Date	Start Date	Ellu Date	Amount	Sub Total	Total
YR 20 SRF - Local Asst (15%) (FS) SS		Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	(\$14,750)	\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) SS		N/A, Amd 3	N/A	346.26.64	01/01/18	12/31/18	07/01/15	12/31/18	\$14,750		
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 10	N/A	346.26.64	01/01/18	06/30/19	07/01/17	06/30/19	(\$13,250)	\$14,250	\$14,250
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 6, 10	N/A	346.26.64		06/30/19		06/30/19	\$12,750	ψ1 <b>.,2</b> 50	Ψ1.,200
YR 21 SRF - Local Asst (15%) (FS) SS		Amd 3, 6, 10	N/A	346.26.64			07/01/17		\$14,750		
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 12	N/A	346,26,64	01/01/19	12/31/20	07/01/19	06/30/21	\$8,500	\$21,250	\$21,250
YR 22 SRF - Local Asst (15%) (FO-SW) SS		Amd 10, 12	N/A	346.26.64		12/31/20			\$12,750	<del>+,</del>	<del>,-</del>
YR 20 SRF - Local Asst (15%) (FS) TA		Amd 3	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	(\$2,000)	\$0	\$0
YR 20 SRF - Local Asst (15%) (FS) TA		N/A, Amd 3	N/A	346.26.66			07/01/17	12/31/18	\$2,000	**	**
YR 20 SRF - Prog Mgmt (10%) (FS) TA		Amd 6	N/A	346.26.66	01/01/18	12/31/18	07/01/15	12/31/18	\$468	\$1,268	\$1,268
YR 20 SRF - Prog Mgmt (10%) (FS) TA		Amd 3	N/A				07/01/15	12/31/18	\$800	<b>\$1,2</b> 00	Ψ1 <b>,2</b> 00
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 10	N/A	346.26.66	01/01/18	06/30/19	07/01/17	06/30/19	(\$1,249)	\$1,900	\$1,900
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 6, 10	N/A	346.26.66		06/30/19		06/30/19	\$1,949	41,500	41,500
YR 21 SRF - Local Asst (15%) (FS) TA		Amd 3, 6, 10	N/A		01/01/18				\$1,200		
YR 22 SRF - Local Asst (15%) (FO-SW) TA		Amd 12	N/A	346.26.66	01/01/19	12/31/20	07/01/19	06/30/21	\$3,000	\$4,249	\$4,249
YR 22 SRF - Local Asst (15%) (FO-SW) TA		Amd 10, 12	N/A		01/01/19		07/01/19		\$1,249	¥ - <b>)</b> —	+ ·,- ·-
TOTAL									\$5,716,677	\$5,716,677	
Total consideration:	\$5,705,177									GRAND TOTAL	\$5,716,677
GRAND TOTAL	\$11,500 \$5,716,677									Total Fed Total State	\$2,488,305 \$3,228,372

<sup>\*</sup>Catalog of Federal Domestic Assistance

<sup>\*\*</sup>Federal revenue codes begin with "333". State revenue codes begin with "334".

Date: November 15, 2019

#### KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00

CONTRACT CLH18248-Kitsap Public Health District

CONTRACT PERIOD: 01/01/2018-12/31/2020

DOH Total Amt Allocation Period											
Chart of Accounts Program Title	BARS	Federal Award Date	Federal Award	Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY20 CSS USDA FINI PROGRAM MGMT	333.10.33	04/01/15	\$5,859,307	10/01/19	03/31/20	\$25,000	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	FOOD NUTRITION INCENTIVE GRANT
FFY19 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	10/01/18	09/30/19	\$78,347	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY18 CSS USDA FINI PROGRAM MGMT	333.10.33	08/26/15	\$5,859,307	01/01/18	09/30/18	\$42,500	10.331	Food Insecurity Nutrition Incentive Grants	USDA-National Institute of Food and Agriculture	20157001823357	WASHINGTON STATE DEPARTMENT OF HEALTH FINI GRANT PROJECT
FFY20 CSS IAR SNAP ED PROG MGNT-REGION 5	333.10.56	09/30/19	\$5,300,000	10/01/19	09/30/20	\$83,000	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	207WAWA5Q3903	2019 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY19 CSS IAR SNAP-ED PROG MGNT	333.10.56	09/28/18	\$5,386,268	10/01/18	09/30/19	\$69,875	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	197WAWA5Q3903	SNAP 2YR NUTRITION ED OBESITY
FFY18 CSS IAR SNAP-ED PROGRAM MGNT CF	333.10.56	09/28/17	\$5,300,000	10/01/18	09/30/19	\$13,833	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY18 CSS IAR SNAP-ED PROGRAM MGNT	333.10.56	09/28/17	\$5,300,000	01/01/18	09/30/18	\$69,281	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	187WAWA5Q3903	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY17 CSS IAR SNAP-ED PROGRAM MGNT CF	333.10.56	09/10/16	\$5,739,856	01/01/18	09/30/18	\$6,917	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	Department of Agriculture Food and Nutrition Service	1717WAWA5Q390	2018 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)
FFY19 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/07/18	\$955,996	07/01/19	06/30/20	\$53,379	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH18-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
FFY18 HOUSING PEOPLE WITH AIDS FORMULA	333.14.24	08/07/18	\$955,996	07/01/18	06/30/19	\$88,023	14.241	Housing Opportunities for Persons with AIDS	Department of Housing and Urban Development	WAH18-F999	HOUSING OPPORTUNITIES FOR PERSON WITH AIDS (HOPWA) PROGRAM
PS SSI 1-5 PIC TASK 4	333.66.12	08/02/16	\$9,200,000	01/01/18	09/30/19	\$28,805	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
PS SSI 1-5 BEACH TASK 4	333.66.12	08/02/16	\$9,200,000	03/01/18	10/31/19	\$11,600	66.123	Puget Sound Action Agenda: Technical Investigations and Implementation Assistance Program	Environmental Protection Agency Region 10	01J18001	PUGET SOUND SHELLFISH STRATEGIC INITIATIVE LEAD
FFY19 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	12/01/18	\$91,991	03/01/19	10/31/19	\$14,000	66.472	Beach Monitoring and Notification Program Implementation Grants	Environmental Protection Agency Office of Water	01J49701	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
FFY18 SWIMMING BEACH ACT GRANT IAR (ECY)	333.66.47	12/15/17	\$91,990	03/01/18	10/31/18	\$14,000	66.472	Beach Monitoring and Notification Program Implementation Grants	Environmental Protection Agency Office of Water	00J75501	MARINE SWIMMING BEACH MONITORING AND PUBLIC NOTIFICATION
FFY19 PHEP BP1 LHJ FUNDING	333.93.06	06/29/19	\$11,307,904	07/01/19	06/30/20	\$295,345	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP922043	PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT
FFY18 EPR PHEP BP1 SUPP LHJ FUNDING	333.93.06	08/01/18	\$11,062,782	07/01/18	06/30/19	\$295,345	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT

# **Exhibit C-12 Schedule of Federal Awards**

**AMENDMENT #12** 

Date: November 15, 2019

#### KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00

CONTRACT CLH18248-Kitsap Public Health District CONTRACT PERIOD: 01/01/2018-12/31/2020

		DOH	Total Amt	Allocation	on Period						
Chart of Accounts Program Title	BARS	Federal Award Date	Federal Award	Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
FFY17 EPR PHEP BP1 LHJ FUNDING	333.93.06	07/18/17	\$11,062,782			\$163,223	93.069	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention		HOSPITAL PREPAREDNESS PROGRAM AND PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT
FFY19 OVERDOSE DATA TO ACTION PREV	333.93.13	08/12/19	\$4,390,240	09/01/19	08/31/20	\$50,000	93.136	Injury Prevention and Control Research and State and Community-Based Programs	Department of Health and Human Services-Centers for Disease Control and Prevention-National Center for Injury Prevention and Control	NU17CE925007	WASHINGTON STATE DEPARTMENT OF HEATLH OVERDOSE DATA TO ACTION
FFY20 VFC OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$16,134	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 VFC IQIP	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$27,588	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY20 PPHF OPS	333.93.26	07/01/19	\$9,234,835	07/01/19	06/30/20	\$2,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP922619	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN PROGRAM
FFY17 VFC OPS	333.93.26	03/03/17	\$1,201,605	01/01/18	06/30/18	\$7,054	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 PPHF OPS	333.93.26	06/29/18	\$3,634,512	07/01/18	06/30/19	\$2,500	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 INCREASING IMMUNIZATION RATES	333.93.26	06/29/18	\$1,722,443	07/01/18	06/30/19	\$16,134	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	NH23IP000762	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 AFIX	333.93.26	03/03/17	\$1,672,289	01/01/18	06/30/19	\$41,821	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY17 317 OPS	333.93.26	03/03/17	\$575,969	01/01/18	06/30/18	\$4,837	93.268	Immunization Cooperative Agreements	Department of Health and Human Services Centers for Disease Control and Prevention	5NH23IP000762-05-00	IMMUNIZATION GRANT AND VACCINES FOR CHILDREN'S PROGRAM
FFY19 TOBACCO PREVENTION	333.93.30	03/04/19	\$5,538,507	03/29/19	04/28/20	\$24,482	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	NU58DP006004	TOBACCO CONTROL PROGRAM
FFY18 TOBACCO PREVENTION	333.93.30	03/22/18	\$1,081,051	03/29/18	03/29/19	\$11,012	93.305	National State Based Tobacco Control Programs	Department of Health and Human Services Centers for Disease Control and Prevention	U58DP006004	TOBACCO CONTROL PROGRAM
FFY19 PHYS ACTVTY & NUTRITION PROG	333.93.43	07/24/19	\$1,846,000	09/30/19	09/29/20	\$60,000	93.439	State Physical Activity and Nutrition (SPAN)	Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC)	NU58DP006504	STATE PHYSICAL ACTIVITY AND NUTRITION-WASHINGTON (SPANWA)
FFY18 PHYS ACTVTY & NUTRITION PROG	333.93.43	09/01/18	\$923,000	03/01/19	09/29/19	\$60,000	93.439	State Physical Activity and Nutrition (SPAN)	Department of Health and Human Services	NU58DP006504	STATE PHYSICAL ACTIVITY AND NUTRITION-WASHINGTON (SPANWA)
FFY17 TCPI PTN CONTRACTS	333.93.63	09/24/15	\$11,254,883	01/01/18	09/28/18	\$73,117	93.638	ACA-Transforming Clinical Practice Initiative: Practice Transformation Networks (PTNs)	Department of Health and Human Services Centers for Medicare and Medicaid Services	1L1331455	TRANSFORMING CLINICAL PRACTICES INITIATIVE
FFY18 PHBG TOBACCO PPHF	333.93.75	08/31/18	\$1,675,032	10/01/18	09/30/19	\$40,000	93.758	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	Department of Health and Human Services Health Centers for Disease Control and Prevention	NB01OT009234	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT 2018

# KPHD 2055 Page 36 of 36 Exhibit C-12 Schedule of Federal Awards

**AMENDMENT #12** 

Date: November 15, 2019

#### KITSAP PUBLIC HEALTH DISTRICT-SWV0027359-00

CONTRACT CLH18248-Kitsap Public Health District CONTRACT PERIOD: 01/01/2018-12/31/2020

	DOH	Total Amt	Allocation	on Period						
BARS	Federal Award Date	Federal Award	Start Date	End Date	Contract Amt	CFDA	CFDA Program Title	Federal Agency Name	Federal Award Identification Number	Federal Grant Award Name
333.93.75	03/09/17	\$1,557,831	01/01/18	09/29/18	\$29,034	93.758	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	Department of Health and Human Services Health Centers for Disease Control and Prevention	NB01OT00918	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
333.93.88	07/18/17	\$4,279,234	01/01/18	06/30/18	\$18,420	93.889	Public Health Emergency Preparedness	Department of Health and Human Services Centers for Disease Control and Prevention	NU90TP921889-01	HPP AND PHEP COOPERATIVE AGREEMENT
333.93.91	04/02/18	\$13,631,623	09/30/19	06/30/20	\$109,140	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
333.93.91	04/02/18	\$13,631,623	04/01/19	06/30/19	\$14,353	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
333.93.91	04/02/18	\$13,631,623	04/01/18	03/31/19	\$30,695	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
333.93.91	04/02/18	\$13,631,623	04/01/18	03/31/19	\$57,412	93.917	HIV Care Formula Grants	Department of Health and Human Services Health Resources and Services Administration	5X07HA000832800	RYAN WHITE CARE ACT TITLE II
333.93.99	11/14/18	\$2,225,977	10/01/19	09/30/20	\$159,854	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
333.93.99	11/14/18	\$2,225,977	10/01/18	09/30/19	\$159,854	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC32578	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
333.93.99	10/20/17	\$1,650,528	01/01/18	09/30/18	\$119,891	93.994	Maternal and Child Health Services Block Grant to the States	Department of Health and Human Services Health Resources and Services Administration	B04MC31524	MATERNAL AND CHILD HEALTH SERVICES
	333.93.95 333.93.91 333.93.91 333.93.91 333.93.91 333.93.99	BARS         Federal Award Date           333.93.75         03/09/17           333.93.88         07/18/17           333.93.91         04/02/18           333.93.91         04/02/18           333.93.91         04/02/18           333.93.91         04/02/18           333.93.91         11/14/18           333.93.99         11/14/18	BARS         Federal Award Date         Federal Award           333.93.75         03/09/17         \$1,557,831           333.93.88         07/18/17         \$4,279,234           333.93.91         04/02/18         \$13,631,623           333.93.91         04/02/18         \$13,631,623           333.93.91         04/02/18         \$13,631,623           333.93.91         04/02/18         \$13,631,623           333.93.91         04/02/18         \$13,631,623           333.93.91         11/14/18         \$2,225,977           333.93.99         11/14/18         \$2,225,977           333.93.99         11/14/18         \$2,225,977	BARS         Federal Award Date         Federal Award         Start Date           333.93.75         03/09/17         \$1,557,831         01/01/18           333.93.88         07/18/17         \$4,279,234         01/01/18           333.93.91         04/02/18         \$13,631,623         09/30/19           333.93.91         04/02/18         \$13,631,623         04/01/19           333.93.91         04/02/18         \$13,631,623         04/01/18           333.93.91         04/02/18         \$13,631,623         04/01/18           333.93.91         04/02/18         \$13,631,623         04/01/18           333.93.91         11/14/18         \$2,225,977         10/01/19           333.93.99         11/14/18         \$2,225,977         10/01/18	BARS         Federal Award Date         Federal Award         Start Date         End Date           333.93.75         03/09/17         \$1,557,831         01/01/18         09/29/18           333.93.88         07/18/17         \$4,279,234         01/01/18         06/30/18           333.93.91         04/02/18         \$13,631,623         09/30/19         06/30/20           333.93.91         04/02/18         \$13,631,623         04/01/19         06/30/19           333.93.91         04/02/18         \$13,631,623         04/01/18         03/31/19           333.93.91         04/02/18         \$13,631,623         04/01/18         03/31/19           333.93.91         11/14/18         \$2,225,977         10/01/19         09/30/20           333.93.99         11/14/18         \$2,225,977         10/01/18         09/30/19	BARS         Federal Award Date         Federal Award         Start Date         End Date         Contract Amt           333.93.75         03/09/17         \$1,557,831         01/01/18         09/29/18         \$29,034           333.93.88         07/18/17         \$4,279,234         01/01/18         06/30/18         \$18,420           333.93.91         04/02/18         \$13,631,623         09/30/19         06/30/20         \$109,140           333.93.91         04/02/18         \$13,631,623         04/01/19         06/30/19         \$14,353           333.93.91         04/02/18         \$13,631,623         04/01/18         03/31/19         \$30,695           333.93.91         04/02/18         \$13,631,623         04/01/18         03/31/19         \$57,412           333.93.99         11/14/18         \$2,225,977         10/01/19         09/30/20         \$159,854           333.93.99         11/14/18         \$2,225,977         10/01/18         09/30/19         \$159,854	BARS         Federal Award Date         Federal Award         Start Date         End Date         Contract Amt         CFDA           333.93.75         03/09/17         \$1,557,831         01/01/18         09/29/18         \$29,034         93.758           333.93.88         07/18/17         \$4,279,234         01/01/18         06/30/18         \$18,420         93.889           333.93.91         04/02/18         \$13,631,623         09/30/19         06/30/20         \$109,140         93.917           333.93.91         04/02/18         \$13,631,623         04/01/19         06/30/19         \$14,353         93.917           333.93.91         04/02/18         \$13,631,623         04/01/18         03/31/19         \$30,695         93.917           333.93.91         04/02/18         \$13,631,623         04/01/18         03/31/19         \$57,412         93.917           333.93.93         11/14/18         \$2,225,977         10/01/19         09/30/20         \$159,854         93.994           333.93.99         11/14/18         \$2,225,977         10/01/18         09/30/19         \$159,854         93.994	BARS         Federal Award Date         Start Award Date         End Date Date         Contract Amt CFDA         CFDA Program Title           333.93.75         03/09/17         \$1,557,831         01/01/18         09/29/18         \$29,034         93.758         Services Block Grant funded solely with Prevention and Public Health Tunded (PPHF)           333.93.88         07/18/17         \$4,279,234         01/01/18         06/30/18         \$18,420         93.889         Public Health Emergency Preparedness           333.93.91         04/02/18         \$13,631,623         09/30/19         06/30/20         \$109,140         93.917         HIV Care Formula Grants           333.93.91         04/02/18         \$13,631,623         04/01/19         06/30/19         \$30,695         93.917         HIV Care Formula Grants           333.93.91         04/02/18         \$13,631,623         04/01/18         03/31/19         \$30,695         93.917         HIV Care Formula Grants           333.93.99         11/14/18         \$2,225,977         10/01/19         09/30/20         \$159,854         93.994         Maternal and Child Health Services Block Grant to the States           333.93.99         10/20/17         \$1,650,528         01/01/18         09/30/19         \$119,891         93.994         Maternal and Child Health Services Block Grant to the States<	BARS         Federal Award Date         Start Award Date         End Date         Contract Amt         CFDA         CFDA Program Title         Federal Agency Name           333.93.75         03/09/17         \$1,557,831         01/01/18         09/29/18         \$29,034         93.758         Services Block Grant funded solely with Prevention and Public Health and Human Services Health Centers for Disease Control and Prevention           333.93.88         07/18/17         \$4,279,234         01/01/18         06/30/18         \$18,420         93.889         Public Health Emergency Preparedness         Department of Health and Human Services Centers for Disease Control and Prevention           333.93.91         04/02/18         \$13,631,623         09/30/19         06/30/19         \$10,91,40         93.917         HIV Care Formula Grants         Department of Health and Human Services Health Resources and Services Administration           333.93.91         04/02/18         \$13,631,623         04/01/19         06/30/19         \$14,353         93.917         HIV Care Formula Grants         Department of Health and Human Services Health Resources and Services Administration           333.93.91         04/02/18         \$13,631,623         04/01/18         03/31/19         \$30,695         93.917         HIV Care Formula Grants         Department of Health and Human Services Administration           333.93.99         11/14/18	BARS

TOTAL \$2,488,305



# PROFESSIONAL SERVICES AGREEMENT Between KITSAP PUBLIC HEALTH DISTRICT And



### THE PEOPLE'S HARM REDUCTION ALLIANCE

This Professional Services Agreement ("Agreement") is made and entered into between the Kitsap Public Health District, a Health District organized pursuant to chapter 70.46 Revised Code of Washington and Section 9.52 Kitsap County Code, hereinafter referred to as "District," and The People's Harm Reduction Alliance, a 501(c)3 non-profit organization, hereinafter referred to as "Contractor." The parties mutually agree as follows:

- I. <u>Period of Performance</u>: The period of performance of this Agreement shall be from January 1, 2020, and be completed no later than December 31, 2020, unless terminated sooner. By mutual agreement of both parties, this agreement may be extended through amendment on an annual basis for up to a maximum of two additional years.
- II. <u>Services</u>: The District requires the expertise of this Contractor to provide county-wide mobile syringe exchange services as a component of the District's Kitsap Syringe Exchange Services Network. Following the Centers for Disease Control and Prevention (CDC) guidance and science-based behavioral health interventions, the Contractor shall provide integrated prevention education, referral, and counseling services to clients, and will participate, engage, and cooperate with the District's developing syringe exchange services network. The Contractor shall also provide mobile syringe exchange services clients with overdose prevention, education, and training in the administration of naloxone in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) guidance.

The Contractor shall focus their services on the injecting drug user populations in Kitsap County who do not use the syringe exchange services at the District and other fixed-site syringe exchange service providers throughout the county. See *Attachment A* for inclusive Scope of Work.

- III. <u>Assignment, Delegation and Subcontracting</u>: Contractor will perform under the Agreement using only its bona fide employees or agents, and the obligations and duties of Contractor under the Agreement will not be assigned, delegated or subcontracted to any other person or firm.
- IV. <u>Compensation</u>: The District agrees to pay Contractor total compensation not to exceed \$75,000.00 during the Agreement. The District shall reimburse Contractor only for actual incurred costs upon presentation of a properly executed invoice, with justification (see below), on a form approved by the District. Compensation shall be made no frequently than monthly. Costs will be charged and reimbursed in accordance with the attached budget estimate (See *Attachment B*).

Costs shall be tracked within the Personnel and Non-Personnel categories, and reimbursement shall not exceed the category subtotal without the written approval of the District.

Cost justification and documentation shall include the following:

- A. Personnel Costs: The hourly rate for each employee along with copies of approved timecards indicating the days and hours worked.
- B. Non-Personnel Costs: Actual receipts for all charged costs.
- C. Automobile Fuel/Maintenance Costs: Reimbursed at current Internal Revenue Service (IRS) Business Rate, or 57.5 cents per mile, which covers the costs of operating an automobile for business purposes (fuel and wear and tear attributed to business use of vehicle). Daily mileage for the purposes of cost reimbursement shall be tracked on a form approved by the District.
- V. <u>Notices</u>: Notices pursuant to this agreement shall be sent to:

If to the District: If to the CONTRACTOR:

Kitsap Public Health District Shantel Davis

ATTN: Yolanda Fong

Community Health Director

345 6th Street, Suite 300

Bremerton, WA 98337

Director of Development

1415 NE 43rd Street

Seattle, WA 98105

(206) 775-9739

(360) 728-2275

VI. <u>Billings</u>: Billings to the District shall be submitted no more frequently than every 30 days, and shall be sent to:

Kitsap Public Health District Accounts Payable 345 6th Street, Suite 300 Bremerton, WA 98337 (360) 337-5215

- VII. <u>Independent Contractor</u>: Contractor and its employees or agents performing under this Agreement are not employees or agents of the District.
- VIII. <u>Rights in Data</u>: Data that is delivered under this Agreement is the District's property and shall be transferred fully to the District with all rights to the license to publish, translate, reproduce, modify, deliver, dispose of, and to authorize others to do so.
- IX. <u>Indemnification</u>: Contractor shall defend, indemnify and hold the District, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or resulting from the acts, errors or omissions of the Contractor in performance of this Agreement, except for injuries and damages caused by the sole negligence of the District. Solely for the purposes of this provision, the Contractor waives its immunity under Title 51 (Industrial Insurance) of the Revised Code of Washington and acknowledges that this waiver was mutually negotiated by the parties. This provision will survive the expiration or termination of this Agreement.
- X. <u>Insurance</u>: The Contractor shall procure and maintain for the duration of the Agreement, insurance against claims for injuries to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, its agents, representatives, or employees.

No Limitation. Contractor's maintenance of insurance as required by the agreement shall not be construed to limit the liability of the Contractor to the coverage provided by such insurance, or otherwise limit the District's recourse to any remedy available at law or in equity.

### A. Minimum Scope of Insurance

Contractor shall obtain insurance of the types described below:

- 1. <u>Automobile Liability</u> insurance covering all owned, non-owned, hired and leased vehicles. Coverage shall be written on Insurance Services Office (ISO) form CA 00 01 or a substitute form providing equivalent liability coverage. If necessary, the policy shall be endorsed to provide contractual liability coverage.
- 2. <u>Commercial General Liability</u> insurance shall be written on ISO occurrence form CG 00 01 and shall cover liability arising from premises, operations, independent Contractors and personal injury and advertising injury.
- 3. <u>Workers' Compensation</u> coverage as required by the Industrial Insurance laws of the state of Washington.
- 4. <u>Professional Liability</u> insurance appropriate to the Contractor's profession. The Contractor shall provide the District with proof of liability insurance or professional errors and omissions coverage appropriate to the Contractor's profession.

### B. Minimum Amounts of Insurance

Contractor shall maintain the following insurance limits:

- 1. <u>Automobile Liability</u> insurance with a minimum combined single limit for bodily injury and property damage of \$1,000,000 per accident
- 2. <u>Commercial General Liability</u> insurance shall be written with limits no less than \$1,000,000 each occurrence, \$2,000,000 general aggregate.
- 3. <u>Professional Liability</u> insurance shall be written with limits no less than \$1,000,000 per claim and \$1,000,000 policy aggregate limit.

### C. Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best rating of not less than A:VII.

### D. Verification of Coverage

Contractor shall furnish the District with original certificates and a copy of the amendatory endorsements, including but not necessarily limited to the additional insured endorsement, evidencing the insurance requirements of the Contractor before commencement of the work.

XI. <u>Safeguarding of Information</u>: The use or disclosure by Contractor of any information or documents obtained by the Contractor in the course of contract performance for any purpose not

- directly connected with Contractor's responsibilities under this Agreement is prohibited except as may be required by law.
- XII. <u>Statutory and Regulatory Compliance</u>: Contractor shall comply with all applicable federal, state, and local laws, regulations, guidelines, and standards in the performance of this Agreement.
- XIII. Compliance with State and Federal Confidentiality Laws: The Parties shall not use protected health information created or shared under this Agreement in any manner that would constitute a violation of the Health Information Portability and Accountability Act, commonly known as HIPAA, or RCW 70.02, and any regulations enacted pursuant to its provisions.
- XIV. <u>Records Inspection and Retention</u>: District may, at reasonable times, inspect the books and records of Contractor relating to the performance of the Agreement. The Parties will retain for audit purposes all Contract-related records for at least six years after termination of the Agreement.
- XV. <u>Non-Discrimination</u>: Contractor shall not discriminate against any employee or applicant for employment because of race, color, sex, religion, national origin, creed, marital status, age, Vietnam era or disabled veteran status, sexual preference, or the presence of any sensory mental or physical handicap.
- XVI. <u>Amendment</u>: This Agreement may be modified only by a written amendment executed by authorized representatives of both parties.

### XVII. Termination:

- A. For Convenience: Either party may terminate the Agreement, in whole or in part, at any time, by at least thirty (30) days written notice to the other. Contractor shall be paid for work performed and expenses incurred to the date of termination.
- **B. For Funding:** If funding for the Agreement or matter is withdrawn, reduced or limited in any way after the Agreement is signed or becomes effective, the Parties may summarily terminate the Agreement notwithstanding any other termination provision in the Agreement. Termination under this provision will be effective upon the date specified in the written notice of termination. No costs incurred after the effective date of the termination will be paid.
- C. For Cause: If the either party fails to perform in the manner called for in the Agreement, or if either party fails to comply with any other provision of the Agreement and fails to correct such noncompliance with thirty (30) days written notice thereof, the aggrieved party may terminate the Agreement for cause. Termination shall be effected by serving a notice of termination on the party setting forth the manner in which the party is in default. Contractor shall be paid for services performed in accordance with the manner of performance set forth in this Agreement.
- **D.** For Default: Either party may terminate the Agreement upon giving written notice to the other party in the event the other party is in breach of a material provision of this agreement and shall have failed to cure such breach within thirty (30) days.

XVIII. <u>Entire Agreement</u>: This Agreement constitutes the entire agreement between the parties regarding its subject matter. Any oral or written representations not expressly incorporated in this Agreement are specifically excluded.

### KITSAP PUBLIC HEALTH DISTRICT

THE PEOPLE'S HARM REDUCTION ALLIANCE

By:

Keith Grellner Administrator

Date:

By: 9, 1 1 - Ship Jamg

Date: 12/20/19

**Funding Source** 

Program: Syringe Exchange Program

Non-Federal Contract/Grant HIV Prevention – State

Consolidated Contract; SHW Tipping Fee; Local

Dollars

### ATTACHMENT A SCOPE OF WORK

The scope of work for the mobile syringe exchange services contract includes:

- 1. <u>Provide a one-to-one exchange of syringes and provide other injection supplies to prevent the spread of disease</u>: Provide participants with a new sterile syringe for each syringe turned in by the participant in accordance with District procedures.
- 2. <u>Provide prevention education, referral, and counseling services</u>: During all syringe exchange encounters, provide prevention education, referral, and counseling services to inform and encourage illicit injection drug users to seek assistance and treatment to quit injecting illicit drugs.
- 3. Provide mobile syringe exchange services within identified time constraints and in a manner that complements existing fixed-site syringe exchange services: Provide mobile syringe exchange services at least several per week. Days and times will be negotiated after award but shall include some evening and weekend hours.
- 4. <u>Countywide service area:</u> Provide syringe exchange services across Kitsap County <u>only</u>, with an emphasis in rural areas and for county/city residents who may not have the means to access existing fixed-site syringe exchange services in Bremerton, Poulsbo, and Port Orchard.
- 5. <u>Referral to healthcare and/or public health services/programs</u>: Provide referrals for HIV counseling and testing, hepatitis C screening, tuberculosis testing, STI testing and treatment, immunizations, and other primary care needs. Collaborate with the District to identify appropriate referral sources and maintain a referral system.
- 6. Referral to behavioral health, mental health, and substance use/abuse treatment: Provide referrals to appropriate community organizations for substance use/abuse treatment, behavioral and mental health services. Collaborate with the District to identify appropriate referral sources and maintain a referral system.
- 7. <u>Referrals to other services</u>: Provide referrals to other social service organizations as appropriate (e.g., housing, jobs, etc.) and for health insurance enrollment.
- 8. <u>Data collection and entry into Smartsheet</u>: Following guidance from the District and state Department of Health, collect participant enrollment and service usage data during each syringe exchange encounter. Enter syringe exchange data into the Smartsheet system at a minimum frequency of once per month and no later than 30 days after each encounter.

- 9. <u>Harm reduction education</u>: Provide all mobile syringe exchange participants with hepatitis and HIV prevention education including safer sex and safer injection practices. Information should also be available on the prevention, testing, and treatment of sexually transmitted infections, tuberculosis, overdose prevention and response including the use of naloxone and notification to 911, and health problems/consequences related to illicit injection drug use.
- 10. <u>Deposit of used syringes and sharps containers at District for proper disposal:</u> Ensure all used syringes are deposited into a proper sharps container and ensure that all sharps containers are deposited at the District for proper disposal at a time and frequency determined in consultation with the District.
- 11. <u>Participate in the District's syringe exchange services network development meetings:</u> Attend and participate in regularly scheduled network meetings. Time spent in network collaboration meetings will be in addition to the 24 hours/week for mobile syringe exchange services.
- 12. <u>Attend and participate in scheduled meetings with the District:</u> Attend and participate in scheduled check-in meetings with the District to coordinate and review syringe exchange services work.
- 13. <u>Assemble and submit monthly billing statements</u>: Assemble and provide the District with detailed monthly invoices of actual costs that have been identified in the scope of work and budget, along with all supporting information (receipts, cost documentation for expenses, timecards for hours worked, etc.).

### ATTACHMENT B BUDGET

Budget Item	Eligible Cost
Personnel	8
Executive Director	\$ 1,765
Director of Development	\$ 0
Director of Operations, Kitsap Fill-in Support	\$12,672
Kitsap County Outreach	\$39,000
Accountant	\$ 500
Employee Healthcare and Taxes	\$ 5,933
Personnel Subtotal	\$ 59,870
Non-Personnel	
Phone/Internet	\$ 1,600
Supply Storage	\$ 6,000
Educational Literature	\$ 500
Tools / Safety Equipment	\$ 500
Vehicle Mileage / Maintenance	\$ 6,530
Non-Personnel Subtotal	\$ 15,130
Total Budget	\$ 75,000

### New or Renewed Contracts for the Period of 12/01/2019 through 12/31/2019

KPHD Contract ID	KPHD Program	Contract Type	Contract Length	KPHB Approved	Contract Amount	Signed Date	Start Date	End Date	Client Contract ID	
Active (2 contracts)										
Olympic E	ducational Service District									
ID: 2030	Community Health, Yolanda Fong	Contract for Services	Closed	11/04/19	\$54,750.00	12/02/19	11/01/19	10/31/20		
Description: The District to provide services, training, and technical assistance appropriate to the needs of Head Start, ECEAP, and Early Head Start staff and enrollees, including public health nurse support to the Early Head Start home-based services to 44 eligible families.										
ID: 2031	Community Health, Yolanda Fong	Contract for Services	Closed		\$1,500,00	12/02/19	11/01/19	10/31/20		

Description: KPHD to provide TB testing and certification for designated OESD 114 Early Learning Department staff, substitutes and volunteers.

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### Kitsap Public Health Board Meeting Date: February 4, 2020

CONSENT AGENDA ITEM:	Warrant and Electronic Fund Transfer (EET) Ref	rictore
CONSENT AGENDATIENI:	Warrant and Electronic rund Transfer (EM) Rei	risters

1/20/20
<u> //28/2020</u>
id 01/27/2020

### Items:

Туре	Warrant/EFT Date	Beginning Warrant	Ending Warrant	Total Amount
Accounts Payable	12/2/2019	3792049	3792059	\$ 10,213.30
Accounts Payable	12/3/2019	DD100808	DD100813	2,264.59
Accounts Payable	12/3/2019	3792141	3792155	29,626.99
Accounts Payable	12/4/2019	DD100864	DD100875	6,710.06
Accounts Payable	12/4/2019	3792210	( <b>=</b> )	350.00
Accounts Payable	12/11/2019	3792898	3792909	18,426.22
Accounts Payable	12/12/2019	DD101218	DD101231	10,448.84
Accounts Payable	12/17/2019	37922364	3793372	129,495.50
Accounts Payable	12/18/2019	DD101509	DD101531	43,051.50
Accounts Payable	12/23/2019	3793840	3793858	22,651.87
Accounts Payable	12/24/2019	DD101787	DD101808	36,657.77
Accounts Payable	12/26/2019	3793859		74.73
Accounts Payable	12/30/2019	3794153	3794167	10,258.59
Accounts Payable	12/31/2019	DD102007	DD102015	4,364.24
Accounts Payable Total				\$ 324,594.20
Payroll PERS Payment (November)	12/11/2019	N/A	N/A	114,457.33
Payroll Taxes	12/31/2019	N/A	N/A	139,919.60
Payroll Benefits	12/31/2019	3793733	3793759	117,345.60
Payroll Benefits	12/31/2019	DD	DD	9,565.37
Payroll	12/31/2019	N/A	N/A	372,726.92
Payroll Total			Sec. A	\$ 754,014.82
			Grand Total	\$ 1,078,609.02

### Kitsap Public Health Board Action:

	Approve
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☐ Deny

☐ Table / Continue

	Signature	Date				
Kitsap Public Health Board Chair						

Page = 4 Date = 12/02/1

D	epartment	Vendor Number	Vendor Name	Order	Voucher Number		Warrant Number			Warrant Amount
00969 Kitsap	95969 Public Health Di	369036	BROTTHER SMENTO REP	41R	1565123	001	3792049	PK	12/02/19	117.00
Warrant total	3792049									117.00
		412631	COMCAST		1565125	001	3792050	PK	12/02/19	736.13
Warrant total	3792050									736.13
		339396	GIUNTOLI, PAUL		1565121	001	3792051	PK	12/02/19	78.88
Warrant total	3792051									78.88
	7702052	402886	IRON MOUNTAIN PO BOX 601		1565126	001	3792052	PK	12/02/19	202.76
total	3792052									202.76
Warrant	3792053	14532	LOOMIS - PALATINE		1565127	001	3792053	PK	12/02/19	451.93
total	3172033									451.93
Warrant	3792054	409198	OFFICE DEPOT INC (POB 292		1565128	001	3792054	PK	12/02/19	54.76
total	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									54.76
Warrant	3792055	393428	QUEST DIAGNOSTICS		1565129	001	3792055	PK	12/02/19	662.64
total										662.64
Warrant	3792056	264230	SANOFI PASTEUR, INC.		1565131	001	3792056	PK	12/02/19	1,944.87
total										1,944.87
Warrant	3792057	407504	TAYLOR COMMUNICATIONS INC		1565190	001	3792057	PK	12/02/19	
total										1,007.23

Page # 12/02/

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Warrant 3792058	369036	THOMPSON PILE D	PIVING	1565191	001	3792058	PK	12/02/19	399.37
total									399.37
	268891	VERIZON WIRELESS		1565466	001	3792059	PK	12/02/19	1,717.16
	268891	VERIZON WIRELESS		1565467	001	3792059	PK	12/02/19	2,718.56
	268891	VERIZON WIRELESS		1565468	001	3792059	PK	12/02/19	122.01
Warrant 3792059 total									4,557.73
Department 95969									
total									10,213.30

Page Date 71 - 12/02/19

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Department 95969 00969 95969 Kitsap Public Health Di Warrant 100808					001	100808	PT	12/03/19	209.94
total									209.94
Warrant 100809	216294	BANIGAN, LESLIE		1565119	001	100809	PT	12/03/19	95.89
total									95.89
Warrant 100810	400843	CIULLA, LAURA M.		1565189	001	100810	PT	12/03/19	573.13
total									573.13
Warrant 100811	429979	LAU, ANDREW		1565122	001	100811	PT	12/03/19	133.86
total									133.86
Warrant 100812	405627	NUNO, CRYSTAL M		1565230	001	100812	PT	12/03/19	347.14
total									347.14
Wa 100012	24869	STERICYCLE INC (PO BOX 6		1565132	001	100813	PT	12/03/19	904.63
Warrant 100813 total									904.63
Department 95969 total									2 264 50
									2,264.59

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Page	-	7
Date	- 7	12/03/1

Auto	
00969 95969 Kitsap Public Health Di 429378 BLUE SKY PRINTING 1565974 001 3792141 PK 12/03/19	315.47
Warrant 3792141 total	315.47
427396 BREMERTON COMMUNITY FARME 1565977 001 3792142 PK 12/03/19	202.00
Warrant 3792142 total	202.00
349323 CENTRAL KITSAP FARMERS MA 1565980 001 3792143 PK 12/03/19	36.00
Warrant 3792143 total	36.00
301784 COMCAST PO BOX 60533 1565983 001 3792144 PK 12/03/19 Warrant 3792144	153.37
total	153.37
Warrant 3792145	83.52
total	83.52
418879 HEALTHCARE NEWS 1565985 001 3792146 PK 12/03/19 Warrant 3792146	631.11
total	631.11
16054 KITSAP COUNTY DEPT OF ADM 1565994 001 3792147 PK 12/03/19 25 Warrant 3792147 total	,113.00
	,113.00
1301003 001 3172140 1K 12703719	997.52
417994 PORT ORCHARD FARMERS MARK 1565998 001 3792149 PK 12/03/19	997.52
Warrant 3792149 total	201.00

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29,626.99

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm			Check/ Itm Date	Warrant Amount
Warrant 3792150 total	312372	POULSBO FARMERS MARKET		1565999	001	3792150	PK	12/03/19	370.00
Warrant 3792151 total	424558	SEQUIM FARMERS MARKET		1566003	001	3792151	PK	12/03/19	
Warrant 3792152 total		SHELTON FARMERS MARKET	¥.	1566005	001	3792152	PK	12/03/19	
Warrant 3792153 total	369036	SONG CHUN		1566006	001	3792153	PK	12/03/19	100.00
Warrant 3792154 total	423515	STAPLES ADVANTAGE (PO BOX		1566007	001	3792154	PK	12/03/19	697.00
Warrant 3792155	369036	STENGEL KASEY		1566014	001	3792155	PK	12/03/19	195.00
Department 95969 total									195.00

Department	Vendor Number	Vendor Name	Order	Voucher Number	Itm	Warrant Number	Тур	Itm Date	Warrant Amount
Department 95969 00969 95969 Kitsap Public Health Di	384173	CANON FINANCIAL SERVICES,				100864		12/04/19	1,041.15
Warrant 100864 total									1,041.15
Warrant 100865	400843	CIULLA, LAURA M.		1566259	001	100865	PT	12/04/19	116.75
total									116.75
Warrant 100866	416794	JEFFERSON COUNTY FARMERS		1565988	001	100866	PT	12/04/19	789.00
total									789.00
Warrant 100867	359597	JONES, KIMBERLY D.		1566065	001	100867	PT	12/04/19	405.42
total									405.42
Warrant 100868	11553	KITSAP COMMUNITY RESOURCE		1565991	001	100868	PT	12/04/19	2,525.23
total									2,525.23
Warrant 100869	422630	MCDOWELL, STACI M.		1565960	001	100869	PT	12/04/19	61.48
total									61.48
Warrant 100870 total	429464	MCNAMARA, NICOLE		1565968	001	100870	PT	12/04/19	127.41
LOCAL	405627	NTDVO GDVOTINA M							127.41
Warrant 100871 total	403627	NUNO, CRYSTAL M		1566067	001	100871	PT	12/04/19	
	211982	PHIPPS, BETH M.		1566222	007	100070	D.III	30/04/35	227.36
	211302	rnirro, bein M.		1566222	OOT	100872	PT	12/04/19	591.15

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D	epartment	Vendor Number	Vendor Name	Purchase Order		Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Warrant total	100872									591.15
Warrant	100873	416795	PORT ANGELES FARMERS MARK		1565997	001	100873	PT	12/04/19	262.00
total										262.00
Warrant	100874	10979	QUAYLE, TIM		1565971	001	100874	PT	12/04/19	130.50
total	100074									130.50
Warrant	100875	368115	THE SALVATION ARMY, BREME		1566002	001	100875	PT	12/04/19	432.61
total	100073									432.61
Department total	ent 95969									6,710.06

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De	partment	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number		Check/ Itm Date	Warrant Amount
00969 K1tsap	95969 Public Health 1	D1 369036	MCCUAIG, ROY		1567364	001	3792210	PK	12/04/19	350.00
Warrant	3792210									
total	0.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									350.00
Departme	nt 95969									
total										350.00

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D	epartment	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number		Check/ Itm Date	Warrant Amount
		375426	CATALYST WORKPLACE ACTIVA		1568208	001	3792898	PK	12/11/19	90.90
total	3792898									90.90
Warrant total	3792899	17992	DELL MARKETING L.P. (CHIC		1568209	001	3792899	PK	12/11/19	1,501.49
totai		43.0758	DUREN, ASHLEY		1547214	0.01	7702000	D.V		1,501.49
Warrant total	3792900		11		1567214	001	3792900	PK	12/11/19	156.42
		10699	KITSAP COUNTY INFORMATION		1568211	001	3792901	PK	12/11/19	1,366.23
Warrant total	3792901									1,366.23
Warrant	3792902	395347	LYONS PAINTING & DESIGN,		1568210	001	3792902	PK	12/11/19	470.52
total		409198	OFFICE DEPOT INC (POB 292		1548212	0.01	3792903	DV	12/11/10	470.52
Warrant total	3792903		3111 32.01 ING (10) 272		1508212	001	3792903	r K	12/11/19	80.69
		403797	SHRED-IT USA 28883 NETWO		1567225	001	3 <b>79</b> 2904	PK	12/11/19	132.72
Warrant total	3792904									132.72
Warrant	3792905	423515	STAPLES ADVANTAGE (PO BOX		1568214	001	3792905	PK	12/11/19	70.89
total		6263.53	TOYOTA FINANCIAL SERVICES							70.89
Warrant total	3792906	724333	TOTOTA FINANCIAL SERVICES		1567226	001	3792906	PK	12/11/19	319.68

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Department	Vendor Number		Vendor Name		Purchase Order	Voucher Number	Pay Itm	Warrant Number		Check/ Itm Date	Warrant Amount
	727504	UC DANK		77070 000				~			
				DISTS ONL		1567309	001	3792907	PK	12/11/19	5,998.38
	327504	US BANK	(JUNIOR	DISTS ONL		1567310	001	3792907	PK	12/11/19	316.48
	327504	US BANK	CJUNIOR	DISTS ONL		1567311	001	3792907	PK	12/11/19	97.77
	327504	US BANK	CJUNIOR	DISTS ONL		1567312	001	3792907	PK	12/11/19	1,009.00
	327504	US BANK	(JUNIOR	DISTS ONL		1567313	001	3792907	PK	12/11/19	1,233.28
	327504	US BANK	CJUNIOR	DISTS ONL		1567315	001	3792907	PK	12/11/19	257.20
	327504	US BANK	CJUNIOR	DISTS ONL		1567317	001	3792907	PK	12/11/19	606.84
	327504	US BANK	CJUNIOR	DISTS ONL		1567317	002	3792907	PK	12/11/19	1,575.07
	327504	US BANK	CJUNIOR	DISTS ONL		1567318	001	3792907	PK	12/11/19	1,945.10
	327504	US BANK	CJUNIOR	DISTS ONL		1567319	001	3792907	PK	12/11/19	813.22
Warrant 3792907 total											13,852.34
	11119	US POSTA	IASTER-MA	AIN BRNCH-		1567513	001	3792908	PK	12/11/19	176.00
Warrant 3792908 total											176.40
											176.00
	206991	WASHINGT	ON POISO	N CENTER		1568215	001	3792909	PK	12/11/19	208.34
Warrant 3792909 total											***********
											208.34
Department 95969											
total											18,426.22

Department	Vendor Number	Name	Purchase Order	Number	Pay Itm	Number	Тур	Check/ Itm Date	Amount
Department 95969 00969 95969		ACRANET CBS BRANCH			001			12/12/19	61.00
Warrant 101218 total									61.00
Waynest 101010	389023	AIRGAS USA LLC		1568207	001	101219	PT	12/12/19	201.87
Warrant 101219 total									201.87
Warrant 101220	216294	BANIGAN, LESLIE		1567220	001	101220	PT	12/12/19	28.91
total									28.91
Warrant 101221	226171	BROWN, STEVEN		1567213	001	101221	PT	12/12/19	158.92
total	256254	OUTDRY TRAINS							158.92
Warrant 101222 total	356354	GUIDRY, JESSICA		1567215	001	101222	PT	12/12/19	170.34
	412198	HAMEL PATRICK B		1567307	001	101223	РΤ	12/12/19	170.34 403.75
Warrant 101223 total						20222		12,12,13	403.75
	200487	JEFFERSON COUNTY HEALTH/H		1567222	001	101224	PT	12/12/19	3,970.00
Warrant 101224 total									3,970.00
	393436	KATULA, DAYNA		1567216	001	101225	PT	12/12/19	60.32
Warrant 101225 total									60.32
	417895	LAIRD, MELISSA Y		1567217	001	101226	PT	12/12/19	53.94

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De	partment	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Itm	Warrant Number	Typ	Itm Date	Warrant Amount
Warrant total	101226									53.94
		285101	LYTLE, ROSS		1567218	001	101227	PT	12/12/19	42.92
Warrant total	101227									42.92
Warrant	101220	277555	MOEN, ANNE M		1567219	001	101228	PT	12/12/19	116.00
total	101228									116.00
Warrant	101229	397857	SPECTRA LABORATORIES - KI		1568213	001	101229	PT	12/12/19	803.46
total										803.46
Warrant	101230	368115	THE SALVATION ARMY, BREME		1567223	001	101230	PT	12/12/19	2,756.25
total										2,756.25
Warrant	101231	12382	UNITED BUSINESS MACHINES		1567227	001	101231	PT	12/12/19	1,621.16
total										1,621.16
Department total	nt 95969									10,448.84

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	D	epartment	Vendor Number	Vendor Name	Purchase Order	Voucher Number				Check/ Itm Date	
	00969 Kitsap	95969 Public Health Di	323752	BREMERTON GOVERNMENT CENT		1568477	001	3793364	PK	12/17/19	28,425.50
	Warrant total	3793364									28,425.50
			431934	BREMERTON STORAGE		1568427	001	3793365	PK	12/17/19	588.00
	total	3793365									588.00
	Warrant	3793366	239053	DALTON, MELANIE A.		1568200	001	3793366	PK	12/17/19	10.50
	total										10.50
65		3793367	430757	NICHOLS, ELIZABETH K		1568433	001	3793367	PK	12/17/19	
	total		20285	NOBLE, GREGORIA A.		1568156	0.01	370 <b>3</b> 360	Ðν	12/17/19	75.24
	Warrant total	3793368	20209	NOBLEY GREGORIA A.		1568156	001	3793366	FK	12/1//19	34.80
		2	423515	STAPLES ADVANTAGE (PO BOX		1568165	001	3793369	ΡK	12/17/19	
	Warrant total	3793369									186.27
			244803	WEX BANK		1568431	001	3793370	PK	12/17/19	426.00
	Warrant total	3793370									426.00
			277244	WSEHA		1568168	001	3793371	PK	12/17/19	50.00
	Warrant total	3793371									50.00
	Warrant	3793372	427920	XIOLOGIX, LLC		1568522	001	3793372	PK	12/17/19	99,699.19
	total										99,699.19

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Vendor Vendor Purchase Voucher Pay Warrant Wrt Check∕ Warrant Department Number Name Order Number Itm Number Typ Itm Date Amount

Department 95969 total

129,495.50

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Department	Vendor Number		Name	Order	Number	Itm	Number	Тур	Check/ Itm Date	Amount
Department 95969 00969 95969 Kitsap Public Health Di		ABAZI,								341.34
Warrant 101509 total										341.34
	281133	ACOSTA,	NANCY		1568426	001	101510	PT	12/18/19	343.13
Warrant 101510 total										343.13
5%.	413333	ADER, S	SAM A		1568147	001	101511	PT	12/18/19	306.24
Warrant 101511 total										306.24
	294940	ANDERSO	DN, AMY C		1568148	001	101512	РТ	12/18/19	131.54
Warrant 101512 total										131.54
	413731	CLALLAM	1 CO DEPT OF HEALTH		1568429	001	101513	PT	12/18/19	8,552.60
Warrant 101513 total										8,552.60
	10940	GRELLNE	ER, KEITH		1568439	001	101514	PT	12/18/19	718.14
Warrant 101514 total										718.14
	410696	GRIEGO,	, YANEISY		1568149	001	101515	PT	12/18/19	72.67
Warrant 101515 total										72.67
Managet 101516	200487	JEFFERS	SON COUNTY HEALTH/H		1568430	001	101516	PT	12/18/19	6,825.89
Warrant 101516 total										6,825.89
	387985	JOHNSON	N, RENEE K		1568150	001	101517	PT	12/18/19	194.53

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Department	Vendor Number	Vendor Name	Purchase Order	Number	Itm	Warrant Number	Тур	Check/ Itm Date	Warrant Amount
Wannant 101517									
Warrant 101517 total									194.53
	418815	KELLUM, LYNDSEY B.		1568151	001	101518	PT	12/18/19	25.46
Warrant 101518 total									25.46
	422629	KINDSCHY, BRANDON J.		1568152	001	101519	PT	12/18/19	58.58
Warrant 101519 total									58.58
	388624	MAZUR, KARINA M		1568153	001	101520	PT	12/18/19	199.52
Warrant 101520 total									199.52
	260444	MOONTREE, KAELA		1568154	001	101521	PT	12/18/19	137.60
Warrant 101521 total									137.60
	328673	OUTHWAITE, MINDI		1568155	001	101522	PT	12/18/19	96.81
Warrant 101522 total									96.81
	<b>1</b> 95219	OZARK UNDERGROUND LABORAT		1568162	001	101523	PT	12/18/19	100.00
Warrant 101523 total									100.00
Warrant 101524	223179	PACIFIC PRINTING, INC.		1568163	001	101524	РΤ	12/18/19	462.16
total									462.16
Warrant 101525	265867	PENINSULA COMMUNITY HEALT		1568161	001	101525	PT	12/18/19	21,524.21

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number		Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
total							555		21,524.21
	10979	QUAYLE, TIM		1568157	001	101526	PT	12/18/19	96.86
Warrant 101526 total									96.86
	397857	SPECTRA LABORATORIES - KI		1568164	001	101527	PT	12/18/19	1,853.70
Warrant 101527 total									1,853.70
	410695	STEDMAN, KELSEY E.		1568158	001	101528	PT	12/18/19	19.37
Warrant 101528 total									19.37
	401074	TURNER, SUSAN MD.		1568159	001	101529	PT	12/18/19	58.00
Warrant 101529 total									58.00
	12382	UNITED BUSINESS MACHINES		1568166	001	101530	PT	12/18/19	596.11
Warrant 101530 total									596.11
	427147	WINTERS, CHRISTOPHER M.		1568160	001	101531	РТ	12/18/19	337.04
Warrant 101531 total									337.04
Department 95969									
total									43,051.50

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-	Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
-	0969 95969 itsap Public Health Di	369036	APLUS PAYMENT /TE		1569616	001	3793840	PK	12/23/19	470.00
	rrant 3793840 tal									470.00
Wa	rrant 3793841	412631	COMCAST		1569536	001	3793841	PK	12/23/19	733.25
	tal									733.25
	rrant 3793842	301784	COMCAST PO BOX 60533		1569535	001	3793842	PK	12/23/19	580.19
to	tal	779792	GIUNTOLI, PAUL		1560504					580.19
	rrant 3793843 tal	337376	GIONIOLI, FAUL		1569504	001	3793843	PK	12/23/19	109.62
		425123	HOELSCHER, ELLA		1569538	001	3793844	PK	12/23/19	
	rrant 3793844 tal									802.00
		402886	IRON MOUNTAIN PO BOX 601		1569539	001	3793845	PK	12/23/19	167.24
	rrant 3793845 tal									167.24
War	rrant 3793846	426159	JOYCE, DOUGLAS L		1569541	001	3793846	PK	12/23/19	426.00
tot										426.00
War tot	rrant 3793847	425122	KANIA, SHARON FAYE		1569542	001	3793847	PK	12/23/19	623.00
	-41	253616	KITSAP COUNTY PARKS & REC		1569543	0.01	3793848	עם	12/27/10	623.00
- War tot	rant 3793848 al				-207210		3775040		11, 23, 17	125.00

### WARRANTS BY DEPARTMENT A/P USE THIS REPORT FOR SORTING

1569598 001 3793857 PK 12/23/19

105.55

WARRANTS & GIVE TO IND DEPARTMT Vendor Vendor Purchase Voucher Pay Warrant Wrt Check/ Warrant Department Number Name Order Number Itm Number Typ Itm Date Amount 11624 KITSAP COUNTY PROSECUTING 1569574 001 3793849 PK 12/23/19 9,989.60 ------Warrant 3793849 total 9,989.60 425365 MASTERS, SPENCER R. 1569584 001 3793850 PK 12/23/19 522.00 Warrant 3793850 total 522.00 231611 MICROSOFT SERVICES PO BOX 1569582 001 3793851 PK 12/23/19 2,838.72 ------Warrant 3793851 total 2,838.72 217750 NICOLAISEN, NIELS 1569695 001 3793852 PK 12/23/19 228.53 .................. Warrant 3793852 total 228.53 9202 POLY BAG LLC 1569588 001 3793853 PK 12/23/19 3,500.82 Warrant 3793853 total 3,500.82 425127 SIENA HOLDINGS LLC 1569589 001 3793854 PK 12/23/19 704.00 Warrant 3793854 total 704.00 423515 STAPLES ADVANTAGE (PO BOX 1569612 001 3793855 PK 12/23/19 381.96 Warrant 3793855 total 381.96 424353 TOYOTA FINANCIAL SERVICES 1569595 001 3793856 PK 12/23/19 319.68 Warrant 3793856 total 319.68 368370 WHIT-DELTA DENTAL OF WASH

Warrant 3793857

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Department total	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm			Check/ Itm Date	Warrant Amount
									105.55
	431749	WINCHESTER, LAYKEN		1569527	001	3793858	PK	12/23/19	24.71
Warrant 3793858 total									24.71
Department 95969									
total									22,651.87

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### WARRANTS BY DEPARTMENT A/P USE THIS REPORT FOR SORTING WARRANTS & GIVE TO IND DEPARTMT

Department	Vendor Number	Name	Order	Voucher Number	Itm	Number	Тур	Check/ Itm Date	Warrant Amount
Department 95969 00969 95969 Kitsap Public Health Di									11.37
Warrant 101787 total									11.37
	409418	BURCHETT, BRIAN D		1569503	001	101788	PT	12/24/19	96.11
Warrant 101788 total									96.11
	413731	CLALLAM CO DEPT OF HEALTH		1569534	001	101789	PT	12/24/19	12,159.22
Warrant 101789 total									11,159.22
	279396	DAVE PURCHASE PROJECT/NAS		1569537	001	101790	PT	12/24/19	188.84
Warrant 101790 total									188.84
	343697	GOVERNMENTJOBS.COM, INC.		1569880	001	101791	PT	12/24/19	4,703.56
Warrant 101791 total									4,703.56
	222956	HOLDCROFT, GRANT A.		1569693	001	101792	PT	12/24/19	79.08
Warrant 101792 total									79.08
	227674	HOLDCROFT, JODIE		1569505	001	101793	PT	12/24/19	298.12
Warrant 101793 total									298.12
	200487	JEFFERSON COUNTY HEALTH/H		1569540	001	101794	PT	12/24/19	4,887.43
Warrant 101794 total									4,887.43
	393436	KATULA, DAYNA		1569506	001	101795	PT	12/24/19	152.54

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## WARRANTS BY DEPARTMENT A/P USE THIS REPORT FOR SORTING WARRANTS & GIVE TO IND DEPARTMT

De	epartment	Vendor Number		Vendor Name	Purchase Order	Number	Itm	Warrant Number	Тур	Check/ Itm Date	Warrant Amount
Warrant total	101795				/55555555						152.54
		11553	KITSAP	COMMUNITY RESOURCE		1569577	001	101796	PT	12/24/19	9,857.08
Warrant total	101796										9,857.08
		12665	KITSAP	TRANSIT		1569578	001	101797	PT	12/24/19	200.00
Warrant total	101797										200.00
		17216	KNOOP,	MELINA		1569507	001	101798	PT	12/24/19	233.74
Warrant total	101798										233.74
		285101	LYTLE,	ROSS		1569508	001	101799	PT	12/24/19	56.26
Warrant total	101799										56.26
		195219	OZARK U	INDERGROUND LABORAT		1569586	001	101800	PT	12/24/19	400.00
Warrant total	101800										400.00
		10979	QUAYLE,	TIM		1569666	001	101801	PT	12/24/19	99.18
Warrant total	101801										99.18
		418466	RAMUNNO	), PHILIP M.		1569757	001	101802	PT	12/24/19	361.92
Warrant total	101802										361.92
Managara ta	101002	410695	STEDMAN	, KELSEY E.		1569759	001	101803	PT	12/24/19	2,322.57
Warrant	T0T003										

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Department	Vendor Number	Vendor Name		Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
total										2,322.57
	24869	STERICYCLE INC	(PO BOX 6		1569591	001	101804	PT	12/24/19	960.79
Warrant 101804 total										960.79
	393230	WALTHER, SUSAN I	3		1569526	001	101805	PT	12/24/19	201.95
Warrant 101805 total										201.95
	302204	YANDA, KERRIE			1569532	001	101806	PT	12/24/19	89.90
Warrant 101806 total										89.90
	409902	YELLOW CAB CO O	F KITSAP C		1569600	001	101807	PT	12/24/19	118.14
Warrant 101807 total										118.14
	11598	ZIMNY, JAMES A.			1569533	001	101808	PT	12/24/19	179.97
Warrant 101808 total										179.97
Department 95969										
total										36,657.77



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Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number				Check/ Itm Date	Warrant Amount
00969 95969 Kitsap Public Health Di Warrant 3793859 total	430757	NICHOLS, ELIZABETH K		1569755	001	3793859	PK	12/26/19	74.73
Department 95969 total									74.73

	epartment	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
00969 Kitsap	95969 Public Health Di		CATALYST WORKPLACE ACTIVA		1570089	001	3794153	PK	12/30/19	100.36
Warrant total	3794153									100.36
		301784	COMCAST PO BOX 60533		1570261	001	3794154	PK	12/30/19	153.37
warrant total	3794154									153.37
Monnont	3794155	423172	EMERALD CITY GRAPHICS		1570092	001	3794155	PK	12/30/19	335.72
total	3774199									335.72
		339396	GIUNTOLI, PAUL		1570325	001	3794156	PK	12/30/19	70.76
total	3794156		JOHNATAKIS, TAYLOI	e						70.76
Upppost	3794157	369036	ONE TIME PAYMENT		1570094	001	3794157	PK	12/30/19	900.00
total	2/7415/									900.00
		15029	KITSAP PUBLIC HEALTH DIST		1570096	001	3794158	PK	12/30/19	57.43
total	3794158									57.43
No.		14532	LOOMIS - PALATINE		1570328	001	3794159	PK	12/30/19	451.93
total	3794159									451.93
lilanasaa	770/1/0	322741	MCKESSON MEDICAL SURGICAL		1570098	001	3794160	PK	12/30/19	35.22
total	3794160									35.22
Managara.	770(1(1	409198	OFFICE DEPOT INC (POB 292		1570109	001	3794161	PK	12/30/19	67.75
Warrant total	5/94161									67.75

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Date

T 2 T 12/30/1

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number		Check/ Itm Date	Warrant Amount
Warrant 3794162 total	423515	STAPLES ADVANTAGE (PO BOX		1570110	001	3794162	PK	12/30/19	766.65
		VERIZON WIRELESS - PO BOX		1570516	001	3794163	PK	12/30/19	1,839.57
	268891	VERIZON WIRELESS - PO BOX		1570521	001	3794163	PK	12/30/19	2,904.86
Warrant 3794163	268891	VERIZON WIRELESS - PO BOX		1570522	001	3794163	PK	12/30/19	122.01
total									4,866.44
Warrant 3794164	376565	WA HEALTH CARE AUTHORITY		1570371	001	3794164	PK	12/30/19	2,333.95
total									2,333.95
Warrant 3794165 total	5601	WCIF STANDARD BASIC LIFE		1570373	001	3794165	PK	12/30/19	7.60
									7.60
Warrant 3794166	341372	WCIF STANDARD LIFE INSURA		1570374	001	3794166	PK	12/30/19	5.86
total									5.86
Warrant 3794167	368370	WHIT-DELTA DENTAL OF WASH		1570372	001	3794167	PK	12/30/19	105.55
total									105.55
Department 95969 total									
									10,258.59

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# WARRANTS BY DEPARTMENT A/P USE THIS REPORT FOR SORTING WARRANTS & GIVE TO IND DEPARTMT

Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay Itm	Warrant Number	Wrt Typ	Check/ Itm Date	Warrant Amount
Department 95969 00969 95969 Kitsap Public Health Di	216294	BANIGAN, LESLIE		1570077	001				153.18
Warrant 102007 total									153.18
	384173	CANON FINANCIAL SERVICES,		1570087	001	102008	PT	12/31/19	1,041.15
Warrant 102008 total									1,041.15
	387985	JOHNSON, RENEE K		1570079	001	102009	PΤ	12/31/19	63.63
Warrant 102009 total									63.63
	331520	KUSHNER, SIRI		1570081	001	102010	PT	12/31/19	23.20
Warrant 102010 total									23.20
	406011	MURRAY, KEISHA R.		1570082	001	102011	PT	12/31/19	50.00
Warrant 102011 total									50.00
	398308	NEOFUNDS BY NEOPOST		1570100	001	102012	PT	12/31/19	2,500.00
Warrant 102012 total									2,500.00
	405627	NUNO, CRYSTAL M		1570083	001	102013	PT	12/31/19	396.72
Warrant 102013 total									396.72
100014	419251	PANDINO, LINDA E		1570326	001	102014	PT	12/31/19	50.00
Warrant 102014 total									50.00
	429745	ULACIA, NICHOLAS		1570327	001	102015	PT	12/31/19	86.36

Page Date

- 12/30/19

Department 95969

total

	vendor	Vendor	Purchase	Voucher	Pay	Warrant	Wrt	Check/	Warrant
Department	Number	Name	Order	Number	Itm	Number	Typ	Itm Date	Amount
Warrant 102015 total									86.36
Department 95969									

4,364.24

09200	Account Ledger Inq	uiry		
Account	95969.2315 ACCRUED EMPLOYEE BENEFI  3,085.92- 112,332.81-	From Date Thru Date	e/Period <u>12/01/19</u> e/Period <u>12/11/19</u> ype <u>AA</u>	_
Additional Selecti		Dobit	Coodit	Ъ
O DT Document Dat	<u>e   Explanation/Alpha  </u> /19 <b>DAILY CASH TRANSMI</b>	<u>Debit</u> 20,400.17	<u>Credit</u>	- <u>P</u>
U1 368606 12/11 U1 368606 12/11	/19 DAILY CASH TRANSMI	94,057.16		P
	-	114,457.33		•
	Ledger Total Unposted Total	114,457.33		

Opt: 1/2=Orig Entry 5=Details F17=Top F18=Totals F21=Prt Ledg F24=More

09200	Account Ledger Inq	uiry		
	95969.2317 ACCRUED TAXES	From Date/ Thru Date/	Period <u>12/01/19</u> Period <u>12/31/19</u> e <u>AA</u> *	
Skip to Doc/Type . Y-T-D Period End .		Subleager.	• • • *	_
Cumul Period End .				
Additional Selection		Debit	Credit	P
_ U1 369261 12/31/	Explanation/Alpha  19 DAILY CASH TRANSMI	139,919.60	Cicarc	– <del> </del> P
	-	139,919.60		-
	Ledger Total Unposted Total	139,919.60		

Opt: 1/2=Orig Entry 5=Details F17=Top F18=Totals F21=Prt Ledg F24=More

Page Date	*	1 12/23/1

Depar	Vendor Vendor artment Number Name			Purchase Order	Voucher Number	Pay I <b>tm</b>	Warrant Number		Itm Date	
00969 Kitsap Pub	95969 lic Health Di	5628	AMERICAN FAMILY LIFE COUN		1570136	001	3793733	PK	12/31/19	
Warrant 379 total	3733									2,604.33
Warrant 379	3734	261383	EMPLOYMENT SECURITY DEPT		1570183	001	3793734	PK	12/31/19	2,115.88
total										2,115.88
Warrant 379: total	3735	412028	HEALTH CARE AUTHORITY PO		1570224	001	37 <b>93</b> 735	PK	12/31/19	4,044.21
total		707175	HEALTH FOUTTY							4,044.21
Warrant 3793 total	3736	202122	HEALTH EQUITY		1570218	001	3793736	PK	12/31/19	
		11003	KITSAP PUBLIC HEALTH DIST		1570162	0.01	7707777	DК	12/71/10	483.33
Warrant 3793 total	3737	11000	ATTOM TOPETO HEALTH PIST		15/0162	001	3/93/3/	PK	12/31/19	9.00
		6831	NACO DEFERRED COMP XPH		1570154	001	3793738	PK	12/31/19	9.00 5,588.00
Warrant 3793 total	3738									5,588.00
		394347	PEAK 1 ADMINISTRATION, LL		1570222	001	3793739	PK	12/31/19	609.00
Warrant 3793 total	3739									609.00
Warrant 3793	.740	6811	PROF & TECHNICAL ENG XPH		1570145	001	3793740	РК	12/31/19	2,767.75
total	,,,,,									2,767.75
Warrant 3793	3741	418817	VOYA INSTITUTIONAL TRUST		1570228	001	3793741	PK	12/31/19	275.00
total										275.00

Vendor Vendor Purchase Voucher Pay Warrant Wrt Check/ Warrant Department Number Name Order Number Itm Number Typ Itm Date Amount 376565 WA HEALTH CARE AUTHORITY 1570213 001 3793742 PK 12/31/19 48,555.30 Warrant 3793742 total 48,555.30 376566 WA HEALTH CARE AUTHORITY-1570214 001 3793743 PK 12/31/19 3,808.71 Warrant 3793743 total 3,808.71 376567 WA HEALTH CARE AUTHORITY-1570215 001 3793744 PK 12/31/19 9,209.93 Warrant 3793744 total 9,209.93 6779 WA STATE LABOR & IND INS 1570138 001 3793745 PK 12/31/19 3,623.26 Warrant 3793745 total 3,623,26 6837 WA STATE TREASURER 1570159 001 3793746 PK 12/31/19 8,324,52 Warrant 3793746 total 8,324.52 383133 WASHINGTON STATE TREASURE 1570217 001 3793747 PK 12/31/19 3,156.22 Warrant 3793747 total 3,156.22 426141 WASHINGTON STATE TREASURE 1570237 001 3793748 PK 12/31/19 8,655.18 Warrant 3793748 total 8,655.18 426137 WCIF FIRST CHOICE HEALTH 1570233 001 3793749 PK 12/31/19 170.72 Warrant 3793749 total 170.72 426140 WCIF METLIFE ACCIDENT 1570236 001 3793750 PK 12/31/19 212.80

Warrant 3793750

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Page	(+)	1
Date	12/23/	1

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number	Pay I <b>tm</b>	Number	Тур	Check/ Itm Date	Warrant Amount
total									212.80
Warrant 3793751	426139	WCIF METLIFE CRITICAL		1570235	001	3793751	PK	12/31/19	187.95
total									187.95
Warrant 3793752	426138	WCIF METLIFE HOSPITAL		1570234	001	3793752	PK	12/31/19	78.14
total									78.14
Warrant 3793753	5606	WCIF STANDARD ACCIDENT		1570130	001	3793753	PK	12/31/19	277.34
total									277.34
Warrant 3793754	5601	WCIF STANDARD BASIC LIFE		1570122	001	3793754	PK	12/31/19	737.20
total									737.20
Warrant 3793755	341372	WCIF STANDARD LIFE INSURA		1570206	001	3793755	PK	12/31/19	1,758.17
total									1,758.17
Warrant 3793756	360635	WCIF STANDARD STD		1570209	001	3793756	PK	12/31/19	34.60
total									34.60
Warrant 3793757	5605	WCIF STANDARD VTL		1570127	001	3793757	PΚ	12/31/19	1,718.69
total									1,718.69
Warrant 3793758	368370	WHIT-DELTA DENTAL OF WASH		1570210	001	3793758	PK		6,666.32
total									6,666.32
	368371	WHIT-WILLIAMETTE		1570211	001	3793759	PK		1,674.05

Page = 1 Date = 12/23/1

Department	Vendor Number	Vendor Name	Purchase Order	Number	Itm	Number	Тур	Itm	Date	Warrant Amount
Warrant 3793759 total										1,674.05
Department 95969										
total										117,345.60

Page Date

12/23/19

Department 95969

Department	Vendor Number	Vendor Name	Purchase Order	Voucher Number		Warrant Number		Check/ Itm Date	Warrant Amount
Department 95969 00969 95969 Kitsap Public Health Di		HRA VEBA TRUST		1570194	001	101749	PT	12/31/19	
Warrant 101749 total									9,565.37
Department 95969									9,565.37

Kitsap County Summary Payroll Register

Page - 43
Date - 12/18/19
Period - 12/31/19
Payroll ID - 620

Company = Home 1 1 00969 Home Bus Unit 9 7 September 1 1 00969 Kitsap Public Health District Public Health District Deductions and taxes are confidential and have been redacted

427227 ABAZI, ONNELA 173.36 5,194.00 1,500.32 5,104.00 3,142.19 9775216 N 4883 ANNEX, DEVERLY M. 171.36 4,741.00 1,506.74 4,741.00 3,142.19 9775216 N 4883 ANNEX, DEVERLY M. 171.35 4,741.00 1,506.74 4,741.00 3,142.19 9775217 N 410193 ADER, SAM A. 173.32 4,422.00 1,300.40 4,410.00 4,653.72 9775217 N 410193 ADER, SAM A. 173.32 6,661.00 1,302.90 6,661.00 3,653.72 9775220 N 4,553.72 9775220 N 4,	Number	EMPLOYEE	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay		I E	
4563 ANNEY, BEVERLY M. 173.35 4,741.00 1,935.48 7,724.00 4,612.06 9715210 N 279856 ACOSTA, NANCY M. 173.35 4,724.00 1,935.48 7,724.00 4,612.06 9715210 N 413103 ADER, SAM A. 173.35 4,223.00 1,400.01 4,423.00 2,917.61 9715210 N 413103 ADER, SAM A. 173.35 4,223.00 1,400.01 4,423.00 2,917.61 9715210 N 413103 ADER, SAM A. 173.35 4,223.00 1,400.01 4,423.00 2,917.61 9715210 N 415250 N	427227	ABAZI, ORNELA 173 36	5 194 00	1 500 33	F 194 00			4 7 4 5 0 4		- =	-
279956 ACOSTA, NANCY M. 173.34 7,724.00 1,035.48 7,774.00 4,651.70 9715210 N 4.07901 ADMIRARI, ANYER 173.33 6,661.00 1,302.90 6,661.00 2,917.81 9715210 N 4.07901 ADMIRARI, ANYER 173.33 6,661.00 1,302.90 6,661.00 3,455.72 9715220 N 4.07901 ADMIRARI, ANYER 173.33 6,661.00 1,302.90 6,661.00 3,455.80 9715210 N 4.07901 ADMIRARI, ANYER 173.33 6,671.00 1,281.00 3,455.80 9715220 N 4.050.00 4,551.72 9715220 N 4.07901 ADMIRARI, ANYER 173.33 6,571.00 1,281.20 6,571.00 4,624.40 9715222 N 312436 BAZZELL, RICHARD L.173.33 6,571.00 1,291.20 6,571.00 4,624.40 9715222 N 4.07902 BERGER, ANGELINE C.173.31 4,123.00 1,326.69 4,123.00 3,072.81 9715225 N 4.07902 BERGER, ANGELINE C.173.31 4,123.00 1,326.69 4,123.00 3,072.81 9715225 N 4.07902 BERGER, ANGELINE C.173.31 4,123.00 1,326.69 4,123.00 3,072.81 9715220 N 4.050.06 97			4 741 00		3,134.00			4,147.24			
4013193 ADER, SAN A. 173.32 4,223.00 1,400.01 4,423.00 2,061.00 4,553.72 9718218 N 407901 ADHIKARI, ANISH 173.33 6,661.00 1,302.90 6,661.00 4,553.72 9718220 N 419470 ANDERSON, ANY C. 173.33 5,241.00 1,133.49 5,241.00 3,453.60 9718221 N 419470 ANDERSON, ANY C. 173.33 5,241.00 1,123.20 6,571.00 4,624.49 9718222 N 419470 ANDERSON, ANY C. 173.33 5,241.00 1,221.20 6,571.00 4,624.49 9718222 N 419470 BELL, GUS J. 170.92 6,724.73 1,755.27 6,724.73 4,539.60 9718228 N 419470 BERKSER, ANDELINE C.173.21 4,123.00 1,226.68 4,123.00 3,072.81 9718228 N 426230 BORATA NUNDIE R. 173.35 6,409.00 1,225.29 8,409.00 4,050.48 9718228 N 426230 BORATA NUNDIE R. 173.35 6,409.00 1,225.29 8,409.00 4,050.48 9718228 N 426230 BORATA NUNDIE R. 173.35 7,922.00 1,855.23 7,922.00 5,439.49 9718228 N 426478 BROWRE, JANET L. 173.13 6,871.00 1,221.20 4,971.00 4,056.59 9718232 N 426478 BROWRE, JANET L. 173.13 6,871.00 1,221.20 4,971.00 4,056.59 9718232 N 426478 BROWRE, JANET L. 173.13 6,871.00 1,221.20 4,971.00 4,056.59 9718232 N 426478 BROWRE, JANET L. 173.13 6,871.00 1,221.20 4,971.00 4,056.59 9718233 N 411387 CHANG, MARSO W. 172.36 3,381.00 872.88 3,381.00 4,261.03 9718233 N 426483 BALTON, MELANIE A. 36.41 1,707.33 3,381.00 4,666.71 3,762.70 1,128.54 6,855.00 4,666.71 3,763.20 N 4,666.71 3,763.20 N 4,666.71 3,763.20 N 4,666.71 3,763.20 N 4,767.00 3,135.39 N 4,766.85 BVANN, ERICLY N. 173.35 7,922.00 1,879.40 1,479.00 3,135.39 N 4,766.85 BVANN, ERICLY N. 173.35 7,922.00 1,879.40 1,479.00 3,135.39 N 4,766.85 BVANN, ERICLY N. 173.35 7,922.00 1,879.40 1,479.00 3,135.39 N 4,766.85 BVANN, ERICLY N. 173.35 7,922.00 1,879.40 1,479.00 3,135.39 N 4,766.85 BVANN, ERICLY N. 173.35 7,922.00 1,879.40 1,479.00 3,135.39 N 4,766.85 BVANN, ERICLY N. 173.35 7,922.00 1,879.40 1,479.00 3,135.39 N 4,766.85 BVANN, ERICLY N. 173.35 7,922.00 1,879.40 1,479.00 3,135.39 N 4,766.85 BVANN, ERICLY N. 173.35 7,922.00 1,879.40 1,479.00 3,135.39 N 4,766.80 BVANN, ERICLY N. 173.35 7,922.00 1,879.40 1,479.00 3,149.40 1,479.00 3,149.40 1,479.00 3,149.40 1,479.00 3,149.40 1,479.00 3,14			7 724 00		7 724 00			3,142.19			
407901 ADHLKARI, ANISH 173.33 6,661.00 1,302.90 6,681.00 2,551.70 3715205 N 119370 ANDERSON, ANY C. 173.31 5,241.00 1,123.20 5,541.00 3,453.80 9715221 N 315189 BANIGAN, LESLIS B. 173.33 6,571.00 1,231.20 6,571.00 4,624.40 9715221 N 315189 BANIGAN, LESLIS B. 173.33 6,571.00 1,231.20 6,571.00 4,624.40 9715221 N 315189 BANIGAN, LESLIS B. 173.33 6,571.00 1,231.20 6,571.00 4,624.40 9715221 N 404011 BIREMAN, DANA J. 156.01 9,409.00 1,225.28 5,409.00 4,080.48 9715221 N 404011 BIREMAN, DANA J. 156.01 9,409.00 1,225.28 5,409.00 4,080.48 9715221 N 402250 BOKLI, GUS T. 173.35 6,571.00 1,232.68 4,123.00 4,080.48 9715221 N 402250 BOKLIA, WINDIE R. 169.57 3,413.51 1,266.68 3,413.51 1,266.68 2,409.00 4,080.48 9715227 N 402250 BOKLIA, WINDIE R. 169.57 3,413.51 1,266.68 3,413.51 1,266.69 6,549.71522 N 402450 BOKLIA, WINDIE R. 169.57 3,413.51 1,266.68 3,413.51 1,266.69 6,549.71522 N 402450 BOKLIA, WINDIE R. 169.57 3,413.51 1,266.69 6,571.00 1,695.49 9715220 N 402450 BOKLIA, WINDIE R. 169.57 3,413.51 1,266.69 6,571.00 1,695.40 4,081.85 9715230 N 40312 BURCHETI, BRIAN D. 173.35 6,571.00 1,231.20 4,6571.00 1,695.40 4,081.85 9715230 N 40312 BURCHETI, BRIAN D. 173.34 4,011.00 958.14 4,011.00 2,983.65 9716230 N 41387 CHANG, MARGO W. 173.34 3,351.00 1872.28 3,351.00 4,686.71 9715234 N 42613 BURCHETI, BRIAN D. 173.35 4,228.00 1,424.44 4,228.00 1,319.39 9715237 N 42767 BURCHET, BRIAN D. 173.35 4,228.00 1,424.44 4,228.00 1,424.40 1,289.00 1,424.40 1,289.00 1,424.40 1,428.00			4 423 00		7,724.00			4,612.06			
# 19470 ANDERSON, AMY C. 173.51			6 661 00	1,400.01	4,423.00			2,917.81			
215189 BANTGAN, LESLIE B. 173.33 6.571.00 1.291.20 6.871.00 4.262.21 87.1522 N 419805 BELL, GUS J. 170.92 6.724.73 1.755.27 6.724.73 4.529.88 3715222 N 419805 BERGER, ARNEELINE C. 173.31 4.123.00 1.265.65 4.123.00 3.,072.81 3715222 N 419805 BERGER, ARNEELINE C. 173.31 4.123.00 1.265.65 4.123.00 3.,072.81 3715222 N 426250 BORJA, WINDIE J. 166.67 5.409.00 1.285.29 5.409.00 4.050.48 3715222 N 426250 BORJA, WINDIE J. 166.67 5.409.00 1.285.29 5.409.00 4.050.48 3715222 N 426350 BORJA, WINDIE J. 173.35 7.922.00 2.064.33 4.085.00 2.064.33 4.085.00 2.064.33 4.085.00 3.265.20 N 426475 BROWER, JANET L. 173.35 7.922.00 1.885.23 7.922.00 5.483.39 3715223 N 427457 BROWER, JANET L. 173.35 4.011.00 2.064.33 4.001.00 5.483.39 3715223 N 420252 BURCHETT, BRIAN D. 173.34 4.011.00 588.14 4.011.00 2.983.65 9715823 N 420252 CIULLA, LAURA M. 173.35 6.836.00 7.052.24 3.801.00 2.066.27 3715234 N 420655 CIULLA, LAURA M. 173.35 4.226.00 1.424.44 4.283.00 3.264.39 3715231 N 420655 CIULLA, LAURA M. 173.35 4.426.00 1.059.10 4.787.00 3.124.24 9715231 N 4206639 DALTON, MELANTE A. 38.41 1.707.33 271.97 1.707.33 4.787.00 1.291.20 6.291.20 6.291.			5 241 00		5,001.00			4,553.72			
1980   SAZZELL   RICHARD   1.173.13   6,571.00   1,231.20   6,571.00   4,824.50   7,1822.20   1,291.20   6,571.00   4,525.20   7,724.73   4,625.20   7,724.73   4,625.20   7,724.73   4,625.20   7,724.73   4,625.20   7,724.73   7,7			6 571 00		5,241.00			3,453.80			
419805 BELL, GUS J. 170.92 6,724.73 1,755.27 6,724.73 4.539.88 9715238 N 407802 BERGER, ANGELINE C.173.31 4,123.00 1,326.65 1,123.00 3,307.281 3715238 N 404611 BIERNAN, DANA J. 156.01 5,409.00 1,225.29 5,409.00 4,050.48 9715227 N 404611 BIERNAN, DANA J. 156.01 5,409.00 1,225.29 5,409.00 4,050.48 9715227 N 404611 BIERNAN, DANA J. 169.57 4,403.51 1,268.68 3,413.51 2,614.09 7,15229 N 426475 BROWER, STEVEN J. 173.35 4,009.00 2,064.43 4,808.00 2,680.53 9715230 N 426475 BROWER, JANET LARRAY J. 173.35 6,571.00 1,291.20 6,571.00 5,463.99 7,15230 N 409212 BURCHETT, BRIAN D. 173.34 4,011.00 958.14 4,011.00 2,084.63 9715234 N 410867 CHANCA MARGO W 173.36 6,835.00 872.28 3,351.00 2,083.65 9715234 N 406639 DUREN, SKELEY L. 173.35 4,228.00 1,225.54 16,835.00 4,666.71 9715235 N 436735 DUREN, SKELEY L. 173.35 4,228.00 1,225.54 16,835.00 4,666.71 9715235 N 436735 DUREN, SKELEY L. 173.35 4,228.00 1,059.10 4,787.00 3,311.24 24 9711238 N 436735 BURNAR L. 173.36 4,228.00 1,059.10 4,787.00 3,311.24 24 9711238 N 436735 BURNAR L. 173.35 5,002.00 1,059.10 4,787.00 3,311.24 24 9711238 N 42868 EVANS, ERIC V. 173.35 7,922.00 2,837.71 7,922.00 4,177.61 9715234 N 321284 FIRS, APRIL K. 173.35 6,003.00 1,579.42 5,802.00 4,177.61 9715234 N 321284 FIRS, APRIL K. 173.35 6,003.00 1,579.42 5,802.00 4,177.61 9715240 N 421693 FIRS, EGERGE F. 86.67 1,879.00 1,679.47 6,571.00 4,166.52 9715241 N 421427 GREES, NUCCLE R. 173.35 6,571.00 1,679.47 6,571.00 4,166.52 9715241 N 421427 GREES, NUCCLE R. 173.35 6,571.00 1,679.47 6,571.00 4,166.52 971524 N 410727 GREES, NUCCLE R. 173.35 7,922.00 1,833.71 7,922.00 9,833.71			6 571 00		6,5/1.00			4,624.40			
407902 BERGER, ANGELINE C.173.31 4.123.00 1.236.65 4.123.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00			6 724 73		6,5/1.00			4,545.27			
404611 BIERMAN, DANA J 156.01 5,409.00 1,225.29 5,409.00 4,614.03 9715226 N 246280 BORJA, WINDIE R, 169.57 3,413.51 1,228.68 3,413.51 4,808.00 4,614.03 9715229 N 2058 BOYSEN-KNAPP, KAREN138.68 4,808.00 2,064.43 4,808.00 2,664.03 9715220 N 271677 BROWER, JANET L, 173.35 7,922.00 1,555.23 7,922.00 5,453.94 9715220 N 271677 BROWER, STEVER J 173.35 4,061.00 1,291.20 6,571.00 4,088.59 9715232 N 271677 BROWER, STEVER J 173.35 4,061.00 1,291.20 6,571.00 2,583.65 9715232 N 2058 BOYSEN-KNAPP, KAREN138.68 4,008.50 1,291.20 6,571.00 2,583.65 9715232 N 2058 BOYSEN-KNAPP, KAREN138.68 1,709.20 N 2,583.65 9715233 N 2058 BOYSEN-KNAPP, KAREN138.68 1,709.20 N 2,583.65 9715233 N 2,583.65 9715234 N 2,583.65			4 122 00	1,755.27	0,724.73			4,529.88			
26250 BONJA, WINDIE R. 169.57			F 409 00		4,123.00			3,072.81			
2058 BCVEEN-KNAPP, KAREN138.68 4, 808.00 1.064.43 4, 808.50 2, 680.53 9715329 N 21677 BROWER, JANET L. 173.33 7, 922.00 1, 855.23 0, 7571.00 2, 680.53 9715331 N 21678 BROWN, STEVEN J. 173.33 4, 011.00 958.14 4, 011.00 2, 983.65 9715331 N 410387 CHANG, MARGG W. 173.36 3, 351.00 872.28 3, 351.00 2, 680.53 9715233 N 411387 CHANG, MARGG W. 173.36 6, 835.00 1, 125.54 6, 835.00 4, 686.71 9715235 N 246639 DALTON, MELANIE A. 38.41 1,707.33 227.19 1,707.33 1,422.10 9715236 N 240655 CIULLA, LAURA M. 173.35 4, 228.00 1,424.44 4, 228.00 3,131.00 9715236 N 243648 BARGES, DEANNA L. 173.35 4, 228.00 1,424.44 4, 228.00 3,132.7 N 233648 BARGES, DEANNA L. 173.35 7, 922.00 1,059.10 4,787.00 3,124.24 9715238 N 24075 EVANNS, KELLY A. 173.35 7, 922.00 1,552.00 1,562.00 4,127.61 9715238 N 241693 FINE, GEORGE F. 86.67 1,879.00 1,055.12 1,879.00 3,124.24 9715238 N 321284 FISK, ARRIL K. 173.33 4,787.00 1,055.12 1,879.00 1,352.00 4,127.61 9715240 N 31283 FINE, GEORGE F. 86.67 1,879.00 1,055.12 1,879.00 1,379.00 1,		, , , , , , , , , , , , , , , , , , , ,	3,409.00		5,409.00			4,050.48			
245475 BROWER, JANET L. 173.35 7, 922.00 1 855.23 7, 922.00 2, 686.53 9715231 N 271677 BROWN, STEVEN J. 173.33 6, 5571.00 1, 291.20 5, 6871.00 5, 453.49 9715231 N 409212 BURCHETT, BRIAN D. 173.34 4, 011.00 958.14 4, 011.00 2, 083.65 9715231 N 400655 CIULA, LAURA M. 173.36 3, 351.00 872.28 3, 351.00 2, 630.81 9715234 N 400655 CIULA, LAURA M. 173.35 6, 835.00 1,125.54 6, 835.00 4, 686.71 9715235 N 240639 DALTON, MELANIER J. 173.33 4, 422.00 1, 1424.44 4, 228.00 3, 191.00 3,			3,413.51		3,413.51			2,614.03			
271677 BROWN. STEVEN J. 173.33 6, 571.00 1.891.50 (7.57.00 5, 453.94 9715231 N 6.991.50 (7.57.00 4.098.25 BURCHETT, BRIAN D. 173.34 4, 011.00 558.14 4, 011.00 2.983.65 9715232 N 411387 CHANG, MARGO W. 173.36 3, 351.00 872.28 3, 351.00 2.983.65 9715233 N 640655 CIULLA, LAURA M. 173.35 6, 835.00 1.125.54 6, 835.00 1.406.00 2.983.67 9715233 N 246639 DALTON, MELANTE A. 38.41 1,707.33 227.19 1,707.33 1,407.33 1,422.10 9715236 N 240735 DUREN, ASKLEY L. 173.35 4,228.00 1,424.44 4,228.00 3,193.39 9715236 N 243648 EAKES, DERNMA L. 173.35 7,922.00 1,595.10 4,787.00 3,124.24 9715238 N 243648 EAKES, DERNMA L. 173.35 7,922.00 1,595.10 4,787.00 3,124.24 9715238 N 248890 FANNING, LAUREN 6.65 7,289.00 1,595.42 5,802.00 4,127.61 9715239 N 248890 FANNING, LAUREN 6.65 7,289.00 1,595.42 5,802.00 4,127.61 9715240 N 321244 FIRS, APRIL K. 173.34 6,093.00 2,588.76 6,093.00 1,466.88 9715244 N 337331 GIUNTOLI, PAUL A. 173.34 9,749.00 2,584.50 9,749.00 3,134.41 N 337331 GIUNTOLI, PAUL A. 173.34 9,749.00 2,584.50 9,749.00 4,128.24 97152345 N 1466.88 9715246 N 1466.88			4,808.00	2,064.43	4,808.00			2,680.53			
409212 BURCHETT, BRIAN D. 173.34 4,011.00 42.86.29 9715232 N 410367 CHANC, MARGO W 173.36 3,351.00 372.28 4 4,051.00 2,933.65 9715233 N 400655 CIULLA, LAURA M. 173.35 6,835.00 1,125.54 6,835.00 2,630.81 9715234 N 400655 CIULLA, LAURA M. 173.35 6,835.00 1,125.54 6,835.00 4,664.71 9715238 N 430735 DUREN, ASKLEY L. 173.35 4,228.00 1,424.44 4,228.00 1,059.10 4,787.00 3,124.24 9715237 N 430735 DUREN, ASKLEY L. 173.35 4,787.00 1,059.10 4,787.00 3,124.24 9715238 N 4565 EVANS, ERIC V. 173.35 7,922.00 2,823.71 7,922.00 2,571.23 9715237 N 288900 FANNING, LAUREN 84.75 2,542.50 14.99 2,542.50 2,823.71 7,922.00 2,335.08 9715240 N 288900 FANNING, LAUREN 84.75 2,542.50 14.99 2,542.50 2,335.08 9715242 N 312248 FIRS, APRIL K. N. 173.34 6,093.00 2,585.76 6,093.00 3,710.51 9715240 N 3,710.51 9715242 N 3,710.51 9715244 N 4,109.5 GONZALEZ, ANNA K. 173.32 5,763.00 1,676.42 6,571.00 4,168.52 9715244 N 4,109.5 GONZALEZ, ANNA K. 173.32 5,763.00 1,833.75 3,369.00 8,000 8,000.61 9715244 N 4,109.5 GRIESO, YANEISY 156.00 3,259.00 1,176.35 3,259.00 9,749.00 8,000.61 9715244 N 3,109.5 GONZALEZ, ANNA K. 173.33 1,414.00 1,176.35 3,259.00 1,176.35 3,			7,922.00	1,855.23	7,922.00			5,453.94			
411387 CHANG, MARGO W. 173.36 3,351.00 95.12 4,011.00 2,983.65 9715234 N 400655 CIULLA, LAURA M. 173.35 6,835.00 1,264.40 3,351.00 4,686.71 9715235 N 24669 DALTON, MELANIE R. 38.41 1,707.23 2,27.9 1,365.30 1,422.10 9715235 N 223648 EAKES, DEANNA L. 173.32 4,787.00 1,059.10 4,787.00 3,193.93 9715237 N 23668 EAKES, DEANNA L. 173.32 4,787.00 1,059.10 4,787.00 3,193.93 9715237 N 340919 EVANS, KELLY A. 173.35 7,822.00 2,823.71 7,922.00 2,823.71 7,922.00 2,823.71 9715236 N 28090 FANNING, LAUREN 84.75 2,542.50 1,579.42 5,802.00 2,137.50 N 241693 FINE, GEORGE F. 86.67 1,879.00 1,055.12 1,879.00 1,466.58 9715242 N 356883 FONG, VOLANDA N. 173.34 6,093.00 2,585.76 6,093.00 3,710.01 1,466.58 9715242 N 365883 FONG, VOLANDA N. 173.34 9,749.00 2,574.20 9,749.00 6,894.47 9715243 N 365883 FONG, VOLANDA N. 173.34 9,749.00 2,574.20 9,749.00 6,894.47 9715244 N 317313 GIUNTOLI, PAUL A. 173.33 6,571.00 1,679.42 5,763.00 4,168.52 9715245 N 401905 GONZALEZ, ANNA K. 173.32 5,763.00 2,548.82 5,763.00 4,324.31 9715246 N 401905 GONZALEZ, ANNA K. 173.32 1,753.00 1,759.30 1,759.30 8,609.61 9715247 N 421427 GRESS, NICOLE R. 173.30 3,369.00 1,833.75 3,369.00 2,553.46 9715249 N 41072 GRIEGO, YANELSY 155.00 3,329.00 1,178.35 3,329.00 1,2553.46 9715249 N 41072 GRIEGO, YANELSY 155.00 3,329.00 1,178.35 3,329.00 2,553.46 9715249 N 41072 GRIEGO, YANELSY 155.00 3,329.00 1,178.35 3,329.00 2,553.46 9715249 N 41072 GRIEGO, YANELSY 155.00 3,329.00 1,178.35 3,329.00 2,553.46 9715249 N 41072 GRIEGO, YANELSY 155.00 3,329.00 1,178.35 3,329.00 2,553.46 9715249 N 41072 GRIEGO, YANELSY 155.00 3,329.00 1,178.35 3,329.00 1,255.00 3,395.11 4,173.32 1,173.33 1,173.34 1,173.34 1,173.34 1,173.34 1,173.34 1,173.34 1,173.35 1,174.00 2,174.00 3,174.00			6,5/1.00	1,291.20	6,571.00			4,058.59			
400655 CIULLA, LAURA M. 173.35 6,835.00 1,125.44 6,355.00 4,686.71 9715234 N 246639 DALTON, MELANIE A. 38.41 1,77.33 1,77.33 1,422.10 9715235 N 2430735 DUREN, ASHLEY L. 173.35 4,228.00 1,227.19 1,707.33 1,422.10 9715235 N 223648 EAKES, DEANNA L. 173.35 4,228.00 1,058.00 3,193.93 9715237 N 26468 EAKES, DEANNA L. 173.35 4,879.00 1,058.70 2,288.71 7,922.00 2,571.23 9715238 N 24919 EVANS, KELLY A. 173.35 5,802.00 1,058.74 7,922.00 2,571.23 9715239 N 288900 FANNING, LAUREN 84.75 2,542.50 1,489.90 1,055.12 1,489.90 1,466.58 9715244 N 335888 FONG, VOLANDA N. 173.34 6,093.00 2,588.76 6,093.00 3,710.51 8,710			4,011.00	958.14	4,011.00			2,983.65			
246639 DALTON, MELANIE A. 38.41 1,707.33 1,125.54 5,845.00 4,686.71 9715236 N 430735 DUREN, ASKLEY L. 173.35 4,228.00 1,224.14 4,709.33 1,140.236 N 3,193.93 9715237 N 223648 EARES, DERNINA L. 173.35 4,228.00 1,059.10 4,787.00 3,193.93 9715237 N 340919 EVANS, KELLY A. 173.35 5,802.00 1,579.42 5,802.00 2,571.23 9715238 N 289900 FANNING, LAUREN 84.75 2,542.50 14.99 2,542.50 4,137.63 971524 N 421693 FINE, GEORGE F. 86.67 1,879.00 1,055.12 1,879.00 3,144.24 N 356883 FONG, YOLANDA N. 173.34 6,093.00 2,585.76 6,093.00 3,710.55 971524 N 356883 FONG, YOLANDA N. 173.34 9,749.00 2,574.20 9,749.00 3,146.58 971524 N 401905 GONZALEZ, ANNA K. 173.32 5,763.00 2,548.82 5,763.00 4,168.52 9715245 N 410905 GONZALEZ, ANNA K. 173.32 5,763.00 2,548.82 5,763.00 4,324.31 9715246 N 410905 GONZALEZ, ANNA K. 173.34 1,593.00 2,074.30 11,593.00 8,609.61 9715247 N 421427 GRESS, NCOLE R. 173.30 3,369.00 1,383.75 3,369.00 2,5545.84 9715248 N 410902 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,299.00 2,5545.84 9715248 N 410902 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,299.00 2,5545.84 9715251 N 410912 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,299.00 2,5545.84 9715251 N 410912 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,299.00 2,545.84 9715251 N 410912 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,299.00 2,5545.84 9715251 N 410912 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,299.00 2,555.46 9715251 N 410912 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,299.00 3,2551.49 9715251 N 410912 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,299.00 3,2551.49 9715251 N 410912 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,299.00 3,2551.49 9715251 N 410912 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,299.00 3,2551.49 9715251 N 410912 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,299.00 3,2551.49 9715251 N 410912 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,299.00 3,2551.49 9715251 N 410912 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,299.00 3,2551.49 9715251 N 410912 GRIEGO, YANEISY 156.00 3,2551.49 9715251 N 410912 GRIEGO, YANEISY 156.00 3,2551.49 9715251 N 410912 GRIEGO, YANEISY 1			3,351.00	8/2.28	3,351.00			2,630.81	9715234	N	
430735 DUREN, ASKLEY L. 173.35			0,835.00	1,125.54	6,835.00			4,686.71			
223648 BARES, DEANNA L. 173.32 4,228.00 1,599.10 4,787.00 3,193.93 9715237 N 4565 EVANS, BRIC V. 173.35 7,222.00 2,823.71 7,922.00 2,571.23 9715238 N 340919 EVANS, KELLY A. 173.35 7,822.00 1,579.42 5,802.00 4,127.61 9715240 N 288900 FANNING, LAUREN 64.75 2,542.50 14.99 2,542.50 2,335.08 9715241 N 421693 FINE, GEORGE F. 86.67 1,879.00 1,055.12 1,879.00 1,466.58 9715241 N 321284 FISK, APRIL K. 173.34 6,093.00 2,585.76 6,093.00 3,710.51 9715243 N 356883 FONG, YOLANDA N. 173.34 6,993.00 2,574.20 9,749.00 6,894.47 9715244 N 337331 GUINTCLI, FAUL A. 173.33 6,571.00 1,679.47 6,571.00 4,168.52 9715245 N 401905 GONZALEZ, ANNA K. 173.32 5,763.00 2,074.30 11,593.00 8,609.61 9715246 N 421427 GRESS, NICOLE R. 173.30 3,369.00 1,833.75 3,369.00 8,609.61 9715248 N 410072 GRIEGO, YNEISY 156.00 3,329.00 1,178.35 3,329.00 2,545.84 9715250 N 412617 GREGO, YNEISY 156.00 3,329.00 1,178.35 3,329.00 2,545.84 9715250 N 412171 HAWEL, PARTICK B. 173.35 4,194.00 1,811.44 4,194.00 2,661.43 9715251 N 427223 BUINTKL, GENTHALY M. 173.33 4,194.00 1,811.44 4,194.00 2,661.43 9715251 N 427224 BUINTK, GRIEGO, YNEISY 173.35 7,922.00 833.89 3,056.00 2,241.67 9715255 N 472724 BUINTK, GRITTANY M. 173.33 6,571.00 1,811.44 4,194.00 2,421.67 9715255 N 472724 BUINTK, GRITTANY M. 173.33 6,571.00 1,811.44 4,194.00 2,421.67 9715255 N 472724 BUINTK, GRITTANY M. 173.33 6,571.00 1,811.44 4,194.00 2,421.67 9715255 N 472724 BUINTK, GRITTANY M. 173.33 6,571.00 1,806.19 7,545.00 4,749.90 9715255 N 472724 BUINTK, GRITTANY M. 173.33 6,571.00 1,679.47 6,571.00 4,127.46 9715255 N 472724 BUINTK, GRITTANY M. 173.33 6,571.00 1,679.47 6,571.00 4,267			1,707.33	227.19	1,707.33			1,422.10	9715236	M	
4565 EVARNS, ERIC V. 173.35			4,228.00	1,424.44	4,228.00			3,193.93	9715237	N	
340919 EVANS, KELLY A. 173.35			4,787.00	1,059.10	4,787.00			3,124.24	9715238	N	
288900 FANNING, LAUREN 84.75			7,922.00	2,823.71	7,922.00			2,571.23	9715239	N	
2335.08 9715241 N 421693 FINE, GEORGE F. 86.67 1,879.00 1,055.12 1,879.00 3,710.51 9715242 N 321284 FISK, APRIL K. 173.34 6,093.00 2,585.76 6,093.00 3,710.51 9715243 N 356883 FONG, YOLANDA N. 173.34 6,093.00 2,574.20 9,749.00 6,894.47 9715244 N 337331 GIUNTOLI, PAUL A. 173.33 6,571.00 1,679.47 6,571.00 4,168.52 9715246 N 401905 GONZALEZ, ANNA K. 173.32 5,763.00 2,548.82 5,763.00 4,168.52 9715246 N 1264 GRELIMER, KEITH J. 173.34 11,593.00 2,744.30 11,593.00 8,609.61 9715247 N 421427 GRESS, NICOLE R. 173.30 3,389.00 1,833.75 3,369.00 2,584.84 9715248 N 410072 GRIEGGO, YANEISY 156.00 3,329.00 1,178.15 3,329.00 2,545.84 9715249 N 355732 GUIDRY, JESSICA F. 173.35 7,922.00 2,545.84 9715250 N 356336 GUZMAN, DAMARYS L. 173.31 4,194.00 2,823.71 7,922.00 2,564.34 9715251 N 412171 HAMEL, PARRICK B. 173.35 5,927.00 1,645.48 5,927.00 3,5551.14 9715252 N 427228 HELVIK, BRITTANY M.173.34 3,056.00 8,33.89 3,056.00 2,421.67 9715253 N 4579 HOLDCROFF, GRANT A.173.33 7,545.00 1,605.19 7,545.00 4,749.80 9715254 N 270783 HOLDCROFF, GRANT A.173.33 7,922.00 1,557.09 7,922.00 4,487.99 9715256 N 27026 HOLT, JUDITH A. 173.35 7,922.00 1,557.09 7,922.00 4,487.99 9715256 N 306605 HUGHES, RACHEL J. 173.33 3,900.00 1,331.97 3,900.00 2,421.65 9715250 N 409213 HUNTER, KARI L. 173.33 3,900.00 1,331.97 3,900.00 4,757.91 9715259 N 295036 JAMESON, BETTY S. 173.36 4,074.00 1,308.95 4,074.00 3,638.2 9715260 N 404629 JOHNSON, RENEE K. 173.31 5,376.00 1,235.41 5,376.00 3,638.2 9715261 N 3093427 KATULA, DAYNA R. 173.33 6,207.00 2,202.98 6,207.00 3,636.29 9715264 N 3184576 KENCH, DONALD C. 173.33 3,606.00 738.08 3,666.00 3,665.00 3,625.26 9715266 N			5,802.00	1,579.42	5,802.00			4,127.61	9715240	N	
\$21224 FIRE, APRIL K. 173.34 6.093.00 1.055.12 1,879.00 3,710.51 9715242 N 356883 FONG, YOLANDA N. 173.34 9,749.00 2,574.20 9,749.00 6,894.47 9715244 N 317331 GIUNTOLI, PAUL A. 173.33 6,571.00 1,679.47 6,571.00 4168.52 9715245 N 401905 GONZALEZ, ANNA K. 173.33 5,763.00 2,548.82 5,763.00 41.324.31 9715245 N 1264 GRELLNER, KEITH J. 173.34 11,593.00 2,074.30 11,593.00 8,609.61 9715247 N 41092 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,369.00 2,548.82 5,763.00 8,609.61 9715248 N 41072 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,329.00 2,545.84 9715249 N 355732 GUIDRY, JESSICA F. 173.35 7,922.00 2,823.71 7,922.00 5,618.57 9715250 N 356336 GUZMAN, DAMARYS L. 173.31 4,194.00 1,811.44 4,194.00 2,861.43 9715251 N 412171 HAMEL, PATRICK B. 173.35 5,927.00 1,645.48 5,927.00 3,951.14 9715252 N 427228 HELVIK, BRITTANY M.173.34 3,056.00 833.89 3,056.00 4,124.69 9715254 N 1014 HOLT, JUDITH A. 173.35 7,922.00 1,557.09 7,922.00 4,127.46 9715255 N 104. HOLT, JUDITH A. 173.35 7,922.00 1,557.09 7,922.00 4,127.46 9715255 N 104. HOLT, JUDITH A. 173.35 7,922.00 1,557.09 7,922.00 4,487.99 9715256 N 104. HOLT, JUDITH A. 173.35 7,922.00 1,557.09 7,922.00 4,487.99 9715256 N 104. HOLT, JUDITH A. 173.35 7,922.00 1,557.09 7,922.00 4,487.99 9715256 N 104. HOLT, JUDITH A. 173.35 7,922.00 1,557.09 7,922.00 4,487.99 9715256 N 104. HOLT, JUDITH A. 173.33 3,900.00 1,331.97 3,900.00 4,749.80 9715258 N 104.01 HOLT, JUDITH A. 173.35 7,922.00 1,557.09 7,922.00 4,487.99 9715256 N 104.02 JAMESON, BETTY S. 173.33 6,843.00 1,366.39 4,074.00 3,063.82 9715260 N 104.02 JAMESON, BETTY S. 173.33 6,843.00 1,235.41 5,376.00 4,767.91 9715252 N 104.02 JAMESON, BETTY S. 173.33 6,000 0,1331.97 3,900.00 4,757.91 9715265 N 104.02 JAMESON, BETTY S. 173.33 6,000 0,200 0,			2,542.50		2,542.50			2,335.08	9715241	N	
351204 FISK, AFRIL E. 173.34 6,093.00 2,585.76 6,093.00 3,710.51 9715243 N 356883 FONG, YOLANDA N. 173.34 9,749.00 2,585.76 6,093.00 6,894.47 9715244 N 337331 GIUNTOLI, FAUL A. 173.33 6,571.00 1,679.47 6,571.00 4,168.52 9715245 N 1264 GRELLNER, KEITH J. 173.34 11,593.00 2,548.82 5,763.00 4.324.31 9,745.246 N 1264 GRELLNER, KEITH J. 173.34 11,593.00 2,074.30 11,593.00 8,609.61 9715246 N 410072 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,329.00 2,553.46 9715248 N 355732 GUIDRY, JESSICA F. 173.35 7,922.00 1,178.35 3,329.00 2,545.84 9715249 N 356336 GUZMAN, DAMARYS L. 173.31 4,194.00 1,811.44 4,194.00 5,618.57 9715250 N 427228 HELVIK, BRITTANY M.173.34 3,056.00 833.89 3,056.00 3,951.14 9715252 N 4579 HOLDCROFT, GRANT A.173.33 7,545.00 1,665.48 5,927.00 3,751.00 4,749.80 9715255 N 1041 HOLT, JUDITH A. 173.35 7,922.00 1,577.09 7,922.00 4,187.49 9715255 N 1041 HOLT, JUDITH A. 173.35 7,922.00 1,577.09 7,922.00 4,487.99 9715255 N 306605 HUGHES, RACHEL J. 173.33 6,843.00 1,331.97 3,900.00 2,849.71 9715258 N 295036 JAMESON, BETTY S. 173.35 6,900.00 1,331.97 3,900.00 2,968.80 9715260 N 4,065.13 JAMESON, BETTY S. 173.33 6,074.00 1,330.90 1,235.41 5,376.00 3,897.32 9715266 N 1265476 KENCH, DONALD C. 173.33 3,667.00 738.08 3,660.00 3,663.82 9715266 N 1265476 KENCH, DONALD C. 173.33 3,667.00 2,2626.45 9715266 N 245476 KENCH, DONALD C. 173.33 3,867.00 2,111.28 3,867.00 2,661.00 3,662.66 N 2,661.00 3,663.60 7,880.80 3,660.00 3,663.82 9715266 N 245476 KENCH, DONALD C. 173.33 3,867.00 2,2626.45 9715266 N 245476 KENCH, DONALD C. 173.33 3,867.00 2,2626.45 9715266 N 245476 KENCH, DONALD C. 173.33 3,867.00 2,2626.45 9715266 N 245476 KENCH, DONALD C. 173.33 3,867.00 2,2626.45 9715266 N 2,663.26 9715266 N 2,663.26 9715266 N			1,879.00		1,879.00			1,466.58	9715242	N	
337331 GIUNTOLI, FAUL A. 173.33 6,571.00 1,679.47 6,571.00 4,168.52 9715245 N 401905 GONZALEZ, ANNA K. 173.32 6,5763.00 2,548.82 5,763.00 4,324.31 9715246 N 4101905 GONZALEZ, ANNA K. 173.34 11,593.00 2,074.30 11,593.00 8,609.61 9715247 N 421427 GRESS, NICOLE R. 173.30 3,369.00 1,833.75 3,369.00 2,553.46 9715248 N 410072 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,329.00 2,545.84 9715248 N 355732 GUIDRY, JESSICA F. 173.35 7,922.00 2,823.71 7,922.00 2,823.71 7,922.00 2,545.84 9715250 N 356336 GUZMAN, DAMARYS L. 173.31 4,194.00 1,811.44 4,194.00 2,861.43 9715251 N 427228 HELVIK, BRITTANY M.173.34 3,056.00 833.89 3,056.00 2,421.67 9715252 N 42728 HELVIK, BRITTANY M.173.34 3,056.00 833.89 3,056.00 2,421.67 9715255 N 270783 HOLDCROFT, JODIE STI73.33 6,571.00 1,665.19 7,545.00 4,127.46 9715255 N 2726 HOLT, JUDIET A. 173.35 7,922.00 2,432.10 7,922.00 4,127.46 9715255 N 30665 HURSE, RACKEL J. 173.35 7,922.00 2,432.10 7,922.00 4,127.46 9715255 N 30665 HURSE, RACKEL J. 173.33 3,900.00 1,331.97 3,900.00 5,579.91 9715255 N 30663 HUNTER, KARI L. 173.33 6,843.00 1,366.33 6,843.00 4,757.91 9715255 N 30663 JAMESON, BETTY S. 173.36 4,074.00 1,308.95 4,074.00 3,63.82 9715266 N 30663 JAMESON, RISTA M.173.33 6,571.00 1,291.20 4,074.00 3,63.82 9715266 N 3093427 KATULA, DANNAR R. 173.33 6,571.00 1,291.20 6,571.00 3,897.32 9715266 N 3093427 KATULA, DANNAR R. 173.33 6,571.00 1,291.20 6,571.00 3,897.32 9715266 N 3093427 KATULA, DANNAR R. 173.33 6,571.00 1,291.20 6,571.00 3,897.32 9715266 N 3093427 KATULA, DANNAR R. 173.33 6,501.00 738.08 3,606.00 3,663.27 9715266 N 3093427 KATULA, DANNAR R. 173.33 3,867.00 2,111.28 3,867.00 2,626.45 9715266 N			6,093.00	The state of the s	6,093.00			3,710.51	9715243	N	
307331 GIONOLL, PAGL A. 173.33 6,571.00 1,679.47 6,571.00 4,168.52 9715245 N 1264 GRELLNER, KEITH J. 173.34 11,593.00 2,074.30 11,593.00 8,609.61 9715247 N 12427 GRESS, NICOLE R. 173.33 3,369.00 1,833.75 3,369.00 2,553.46 9715248 N 140072 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,329.00 2,553.46 9715248 N 1355732 GUIDRY, JESSICA F. 173.35 7,922.00 2,823.71 7,922.00 5,618.57 9715250 N 156336 GUZMAN, DAMARYS L. 173.35 7,922.00 2,823.71 7,922.00 2,553.46 9715251 N 1412171 HAMEL, PATRICK B. 173.35 5,927.00 1,645.48 5,927.00 2,618.57 9715250 N 142171 HAMEL, PATRICK B. 173.35 5,927.00 1,645.48 5,927.00 3,951.14 9715252 N 14579 HOLDCROFT, GRANT A.173.33 7,545.00 1,806.19 7,545.00 2,412.67 9715253 N 14579 HOLDCROFT, JODIE ST173.33 6,571.00 1,679.47 6,571.00 4,749.80 9715255 N 1041 HOLT, JUDITH A. 173.35 7,922.00 1,557.09 7,922.00 4,127.46 9715256 N 106605 HUGHES, RACHEL J. 173.33 3,900.00 1,331.97 3,900.00 4,487.99 97152256 N 106605 HUGHES, RACHEL J. 173.33 3,900.00 1,331.97 3,900.00 4,757.91 9715258 N 109213 HUNTER, KARI L. 173.33 4,074.00 1,308.95 4,074.00 3,063.82 9715260 N 1,050.00 1,050			9,749.00		9,749.00			6,894.47	9715244	N	
101905 GUNZALEZ, ANNA R. 173.32 5,763.00 2,548.82 5,763.00 8,609.61 9715246 N 1264 GRELNER, KEITH J. 173.34 11,593.00 2,074.30 11,593.00 8,609.61 9715247 N 421427 GRESS, NICOLE R. 173.30 3,369.00 1,833.75 3,369.00 2,555.46 9715248 N 410072 GRIEGO, YANEISY 156.00 3,329.00 1,178.35 3,329.00 2,545.84 9715248 N 355732 GUIDRY, JESSICA F. 173.35 7,922.00 2,823.71 7,922.00 5,618.57 9715250 N 412171 HAMEL, PATRICK B. 173.35 4,194.00 1,811.44 4,194.00 5,618.57 9715250 N 427228 HELVIK, BRITTARNY M.173.34 3,056.00 833.89 3,056.00 2,821.14 9715251 N 4579 HOLDCROFT, GRANT A.173.33 7,545.00 1,866.19 7,545.00 4,749.80 9715254 N 270783 HOLDCROFT, JODIE ST173.33 6,571.00 1,679.47 6,571.00 4,127.46 9715255 N 104 HOLDCROFT, JODIE ST173.33 6,571.00 1,679.47 6,571.00 4,127.46 9715255 N 104 HOLDCROFT, ARREN L. 173.35 7,922.00 2,432.10 7,922.00 4,487.99 9715256 N 104 HOLHES, RACHEL J. 173.35 7,922.00 2,432.10 7,922.00 4,487.99 9715257 N 104 HOLHES, RACHEL J. 173.33 3,900.00 1,331.97 3,900.00 5,142.85 9715257 N 104 HOLHES, RACHEL J. 173.33 6,843.00 1,466.33 6,843.00 4,757.91 9715258 N 104 HOLHES, RACHEL J. 173.33 6,843.00 1,466.33 6,843.00 4,757.91 9715258 N 104 HOLHES, RACHEL J. 173.33 3,900.00 1,331.97 3,900.00 3,663.82 9715260 N 105 HOLDCROFT, SIRRER K. 173.33 3,900.00 1,306.95 4,074.00 3,663.82 9715260 N 105 HOLDCROFT, SIRRER K. 173.33 5,900.00 1,331.97 3,900.00 3,663.82 9715260 N 105 HOLDCROFT, SIRRER K. 173.33 3,900.00 1,773.19 3,900.00 3,663.82 9715261 N 105 HOLDCROFT, SIRRER K. 173.33 6,571.00 1,235.41 5,376.00 3,897.32 9715262 N 105 HOLDCROFT, SIRRER K. 173.33 6,571.00 1,235.41 5,376.00 3,663.82 9715266 N 105 HOLDCROFT, SIRRER K. 173.33 6,207.00 2,202.98 6,207.00 3,663.82 9715266 N 105 HOLDCROFT, SIRRER K. 173.33 6,207.00 2,202.98 6,207.00 3,663.82 9715266 N 105 HOLDCROFT, SIRRER K. 173.33 3,867.00 2,202.98 6,207.00 3,663.82 9715266 N 105 HOLDCROFT, SIRRER K. 173.33 3,867.00 2,202.98 6,207.00 3,663.62 4,565.45 9715266 N 105 HOLDCROFT, SIRRER K. 173.33 3,867.00 2,202.98 6,207.00 2,662.45 9715266 N 105 HOLDCROFT, SIRRER K. 173.			6,571.00		6,571.00			4,168.52	9715245	N	
## 1.264 GRELLINER, KEITH J. 173.34			5,763.00		5,763.00			4,324.31	9715246	N	
41072 GRIEGO, YANEISY 156.00 3,329.00 1,833.75 3,369.00 2,553.46 9715248 N 355732 GUIDRY, JESSICA F. 173.35 7,922.00 2,823.71 7,922.00 5,618.57 9715250 N 356336 GUZMAN, DAMARYS L. 173.31 4,194.00 1,811.44 4,194.00 2,861.43 9715251 N 412171 HAMEL, FATRICK B. 173.35 5,927.00 1,645.48 5,927.00 3,951.14 9715252 N 427228 HELVIK, BRITTANY M.173.34 3,056.00 833.89 3,056.00 2,421.67 9715253 N 4579 HOLDCROFT, GRANT A.173.33 7,545.00 1,679.47 6,571.00 4,749.80 9715255 N 270783 HOLDCROFT, JODIE ST173.33 6,571.00 1,679.47 6,571.00 4,127.46 9715255 N 1041 HOLT, JUDITH A. 173.35 7,922.00 1,557.09 7,922.00 4,487.99 9715256 N 2726 HOLT, KAREN L. 173.33 3,900.00 1,357.09 7,922.00 4,487.99 9715258 N 306605 HUGHES, RACHEL J. 173.33 3,900.00 1,331.97 3,900.00 4,757.91 9715258 N 409213 HUNTER, KARI L. 173.33 6,843.00 1,466.33 6,843.00 4,757.91 9715255 N 401651 JOHANSON, BETTY S. 173.36 4,074.00 1,308.95 4,074.00 3,663.82 9715260 N 401651 JOHANSON, KRISTA M.173.33 3,900.00 1,773.19 3,900.00 4,511.57 9715263 N 318933 JONES, KIMBERLY D. 173.33 6,571.00 1,291.20 6,571.00 3,655.26 9715266 N 3193427 KATULA, DAYNA R. 173.33 6,207.00 2,202.98 6,207.00 3,665.00 4,681.27 9715265 N 418812 KERLUM, LYNDSEY B. 104.01 3,660.00 738.08 3,606.00 2,681.27 9715266 N 4245476 KENCH, DONALD C. 173.33 3,867.00 2,111.28 3,867.00 2,626.45 9715266 N	1264	GRELLNER, KEITH J. 173.34	11,593.00		11,593.00			8,609.61	9715247	N	
355732 GUIDRY, JESSICA F. 173.35 7,922.00 2,823.71 7,922.00 2,823.71 7,922.00 2,823.71 7,922.00 2,823.71 7,922.00 2,823.71 7,922.00 2,823.71 7,922.00 2,823.71 7,922.00 2,823.71 7,922.00 2,823.71 7,922.00 2,823.71 7,922.00 2,823.71 7,922.00 2,823.71 7,922.00 2,823.71 7,922.00 2,823.71 7,922.00 2,421.67 9715251 N 412171 HAMEL, PATRICK B. 173.35 5,927.00 1,645.48 5,927.00 3,951.14 9715252 N 4579 HOLDCROFT, GRANT A.173.33 7,545.00 1,806.19 7,545.00 2,421.67 9715253 N 270783 HOLDCROFT, JODIE ST173.33 6,571.00 1,679.47 6,571.00 4,127.46 9715255 N 1041 HOLT, JUDITH A. 173.35 7,922.00 1,557.09 7,922.00 4,487.99 9715256 N 2726 HOLT, KAREN L. 173.35 7,922.00 2,432.10 7,922.00 4,487.99 9715257 N 306605 HUGHES, RACHEL J. 173.33 3,900.00 1,331.97 3,900.00 2,849.71 9715258 N 409213 HUNTER, KARI L. 173.33 6,843.00 1,466.33 6,843.00 4,757.91 9715258 N 400651 JOHANSON, KRISTA M.173.33 3,900.00 1,308.95 4,074.00 3,063.82 9715260 N 421429 JOHNSON, RENEE K. 173.31 5,376.00 1,235.41 5,376.00 3,897.32 9715261 N 358933 JONES, KIMBERLY D. 173.33 6,571.00 1,291.20 6,571.00 3,897.32 9715266 N 393427 KATULA, DAYNA R. 173.33 6,000 2,202.98 6,207.00 418812 KELLUM, LYNDSEY B. 104.01 3,666.00 738.08 3,666.00 2,681.27 9715265 N 245476 KENCH, DONALD C. 173.33 3,867.00 2,111.28 3,867.00 2,626.45 9715266 N	421427	GRESS, NICOLE R. 173.30	3,369.00		3,369.00			2,553.46	9715248	N	
355/32   GUZMAN, DAMARYS L. 173.35   7,922.00   2,823.71   7,922.00   3,656.8.57   9715250 N	410072	GRIEGO, YANEISY 156.00	3,329.00		3,329.00			2,545.84	9715249	N	
A	355/32	GUIDRY, JESSICA F. 173.35	7,922.00	2,823.71	7,922.00			5,618.57	9715250	N	
412171 HAMBEL, FATRICK B. 173.35 5,927.00 1,645.48 5,927.00 3,951.14 9715252 N 427228 HELVIK, BRITTANY M.173.34 3,056.00 833.89 3,056.00 2,421.67 9715253 N 9715253 N 4579 HOLDCROFT, GRANT A.173.33 7,545.00 1,806.19 7,545.00 4,749.80 9715254 N 1041 HOLT, JUDITH A. 173.35 7,922.00 1,557.09 7,922.00 4,487.99 9715256 N 2726 HOLT, KAREN L. 173.35 7,922.00 1,557.09 7,922.00 4,487.99 9715256 N 306605 HUGHES, RACHEL J. 173.33 3,900.00 1,331.97 3,900.00 5,142.85 9715257 N 409213 HUNTER, KARI L. 173.33 6,843.00 1,466.33 6,843.00 2,849.71 9715258 N 400651 JOHANSON, BETTY S. 173.36 4,074.00 1,308.95 4,074.00 3,063.82 9715260 N 400651 JOHANSON, KRISTA M.173.33 3,900.00 1,773.19 3,900.00 2,968.80 9715261 N 421429 JOHNSON, RENEE K. 173.31 5,376.00 1,235.41 5,376.00 3,897.32 9715262 N 393427 KATULA, DAYNA R. 173.33 6,207.00 2,202.98 6,207.00 418812 KELLUM, LYNDSEY B. 104.01 3,606.00 738.08 3,606.00 2,681.27 9715266 N 245476 KENCH, DONALD C. 173.33 3,867.00 2,111.28 3,867.00 2,626.45 9715266 N	356336	GUZMAN, DAMARYS L. 173.31	4,194.00	1,811.44	4,194.00			2,861.43	9715251	N	
427228 HELVIR, BRITTANY M.173.34 3,056.00 833.89 3,056.00 2,421.67 9715253 N 4579 HOLDCROFT, GRANT A.173.33 7,545.00 1,679.47 6,571.00 4,749.80 9715255 N 1041 HOLT, JUDITH A. 173.35 7,922.00 1,557.09 7,922.00 4,487.99 9715256 N 2726 HOLT, KAREN L. 173.35 7,922.00 2,432.10 7,922.00 5,142.85 9715257 N 306605 HUGHES, RACHEL J. 173.33 3,900.00 1,331.97 3,900.00 5,142.85 9715257 N 409213 HUNTER, KARI L. 173.33 6,843.00 1,466.33 6,843.00 2,757.91 9715259 N 400651 JOHANSON, BETTY S. 173.36 4,074.00 1,308.95 4,074.00 3,063.82 9715260 N 400651 JOHANSON, KRISTA M.173.33 3,900.00 1,773.19 3,900.00 2,968.80 9715261 N 421429 JOHNSON, RENEE K. 173.31 5,376.00 1,235.41 5,376.00 3,897.32 9715262 N 3393427 KATULA, DAYNA R. 173.33 6,571.00 1,291.20 6,571.00 4,511.57 9715263 N 418812 KELLUM, LYNDSEY B. 104.01 3,606.00 738.08 3,606.00 2,626.45 9715266 N 245476 KENCH, DONALD C. 173.33 3,867.00 2,111.28 3,867.00	4121/1	HAMEL, PATRICK B. 173.35	5,927.00	1,645.48	5,927.00			3,951.14	9715252	N	
270783 HOLDCROFT, GRANT A.173.33 7,545.00 1,806.19 7,545.00 4,749.80 9715254 N 270783 HOLDCROFT, JODIE ST173.33 6,571.00 1,679.47 6,571.00 4,127.46 9715255 N 1041 HOLT, JUDITH A. 173.35 7,922.00 1,557.09 7,922.00 4,487.99 9715256 N 2726 HOLT, KAREN L. 173.33 7,922.00 2,432.10 7,922.00 5,142.85 9715257 N 306605 HUGHES, RACHEL J. 173.33 3,900.00 1,331.97 3,900.00 2,849.71 9715258 N 409213 HUNTER, KARI L. 173.33 6,843.00 1,466.33 6,843.00 4,757.91 9715259 N 295036 JAMESON, BETTY S. 173.36 4,074.00 1,308.95 4,074.00 3,063.82 9715260 N 400651 JOHANSON, KRISTA M.173.33 3,900.00 1,773.19 3,900.00 3,968.80 9715261 N 421429 JOHNSON, RENEE K. 173.31 5,376.00 1,235.41 5,376.00 3,897.32 9715262 N 358933 JONES, KIMBERLY D. 173.33 6,207.00 2,202.98 6,207.00 4,511.57 9715263 N 393427 KATULA, DAYNA R. 173.33 6,207.00 2,202.98 6,207.00 3,625.26 9715266 N 418812 KELLUM, LYNDSEY B. 104.01 3,606.00 738.08 3,606.00 2,681.27 9715265 N 245476 KENCH, DONALD C. 173.33 3,867.00 2,111.28 3,867.00	42/228	HELVIK, BRITTANY M.173.34	3,056.00	833.89	3,056.00			2,421.67	9715253	N	
1041 HOLDCROFT, JODIE ST173.33 6,571.00 1,679.47 6,571.00 4,127.46 9715255 N 2726 HOLT, KAREN L. 173.35 7,922.00 1,557.09 7,922.00 5,142.85 9715256 N 306605 HUGHES, RACHEL J. 173.33 3,900.00 1,331.97 3,900.00 2,849.71 9715258 N 409213 HUNTER, KARI L. 173.33 6,843.00 1,466.33 6,843.00 2,757.91 9715259 N 295036 JAMESON, BETTY S. 173.36 4,074.00 1,308.95 4,074.00 3,063.82 9715260 N 400651 JOHANSON, KRISTA M.173.33 3,900.00 1,773.19 3,900.00 2,968.80 9715261 N 421429 JOHNSON, RENEE K. 173.31 5,376.00 1,235.41 5,376.00 3,897.32 9715262 N 358933 JONES, KIMBERLY D. 173.33 6,571.00 1,291.20 6,571.00 3,93427 KATULA, DAYNA R. 173.33 6,207.00 2,202.98 6,207.00 3,625.26 9715264 N 418812 KELLUM, LYNDSEY B. 104.01 3,606.00 738.08 3,606.00 2,626.45 9715266 N	45/9	HOLDCROFT, GRANT A.173.33	7,545.00	1,806.19	7,545.00			4,749.80	9715254	N	
7,922.00 1,557.09 7,922.00 4,487.99 9715256 N 2726 HOLT, KAREN L. 173.35 7,922.00 2,432.10 7,922.00 5,142.85 9715257 N 306605 HUGHES, RACHEL J. 173.33 3,900.00 1,331.97 3,900.00 2,849.71 9715258 N 409213 HUNTER, KARI L. 173.33 6,843.00 1,466.33 6,843.00 4,757.91 9715259 N 295036 JAMESON, BETTY S. 173.36 4,074.00 1,308.95 4,074.00 3,063.82 9715260 N 400651 JOHANSON, KRISTA M.173.33 3,900.00 1,773.19 3,900.00 2,968.80 9715261 N 421429 JOHNSON, RENEE K. 173.31 5,376.00 1,235.41 5,376.00 3,897.32 9715262 N 358933 JONES, KIMBERLY D. 173.33 6,571.00 1,291.20 6,571.00 3,93427 KATULA, DAYNA R. 173.33 6,207.00 2,202.98 6,207.00 3,625.26 9715264 N 418812 KELLUM, LYNDSEY B. 104.01 3,606.00 738.08 3,606.00 2,681.27 9715265 N 245476 KENCH, DONALD C. 173.33 3,867.00 2,111.28 3,867.00	2/0/83	HOLDCROFT, JODIE ST173.33	6,571.00	1,679.47	6,571.00			4,127.46	9715255	N	
306605 HUGHES, RACHEL J. 173.33 3,900.00 1,331.97 3,900.00 2,849.71 9715257 N 409213 HUNTER, KARI L. 173.33 6,843.00 1,466.33 6,843.00 4,757.91 9715259 N 295036 JAMESON, BETTY S. 173.36 4,074.00 1,308.95 4,074.00 3,063.82 9715260 N 400651 JOHANSON, KRISTA M.173.33 3,900.00 1,773.19 3,900.00 2,968.80 9715261 N 421429 JOHNSON, RENEE K. 173.31 5,376.00 1,235.41 5,376.00 3,897.32 9715262 N 358933 JONES, KIMBERLY D. 173.33 6,571.00 1,291.20 6,571.00 4,511.57 9715263 N 393427 KATULA, DAYNA R. 173.33 6,207.00 2,202.98 6,207.00 3,625.26 9715264 N 418812 KELLUM, LYNDSEY B. 104.01 3,606.00 738.08 3,606.00 2,626.45 9715266 N	1041	HOLT, JUDITH A. 173.35	7,922.00		7,922.00			4,487.99	9715256	N	
306005 HUGHES, RACHEL J. 173.33 3,900.00 1,331.97 3,900.00 2,849.71 9715258 N 409213 HUNTER, KARI L. 173.33 6,843.00 1,466.33 6,843.00 4,757.91 9715259 N 295036 JAMESON, BETTY S. 173.36 4,074.00 1,308.95 4,074.00 3,063.82 9715260 N 200651 JOHANSON, KRISTA M.173.33 3,900.00 1,773.19 3,900.00 2,968.80 9715261 N 200651 JOHANSON, RENEE K. 173.31 5,376.00 1,235.41 5,376.00 3,897.32 9715262 N 358933 JONES, KIMBERLY D. 173.33 6,571.00 1,291.20 6,571.00 4,511.57 9715263 N 200651 N 20	2/26	HOLT, KAREN L. 173.35	7,922.00	2,432.10	7,922.00			5,142.85	9715257	N	
409213 HONTER, RARI L. 173.33 6,843.00 1,466.33 6,843.00 4,757.91 9715259 N 295036 JAMESON, BETTY S. 173.36 4,074.00 1,308.95 4,074.00 3,063.82 9715260 N 400651 JOHANSON, KRISTA M.173.33 3,900.00 1,773.19 3,900.00 2,968.80 9715261 N 421429 JOHNSON, RENEE K. 173.31 5,376.00 1,235.41 5,376.00 3,897.32 9715262 N 358933 JONES, KIMBERLY D. 173.33 6,571.00 1,291.20 6,571.00 4,511.57 9715263 N 393427 KATULA, DAYNA R. 173.33 6,207.00 2,202.98 6,207.00 3,625.26 9715264 N 418812 KELLUM, LYNDSEY B. 104.01 3,606.00 738.08 3,606.00 2,681.27 9715265 N 245476 KENCH, DONALD C. 173.33 3,867.00 2,111.28 3,867.00 2,626.45 9715266 N	306605	HUGHES, RACHEL J. 173.33	3,900.00	1,331.97	3,900.00			2,849.71	9715258	N	
295036 JAMESON, BETTY S. 173.36 4,074.00 1,308.95 4,074.00 3,063.82 9715260 N 400651 JOHANSON, KRISTA M.173.33 3,900.00 1,773.19 3,900.00 2,968.80 9715261 N 421429 JOHNSON, RENEE K. 173.31 5,376.00 1,235.41 5,376.00 3,897.32 9715262 N 358933 JONES, KIMBERLY D. 173.33 6,571.00 1,291.20 6,571.00 4,511.57 9715263 N 393427 KATULA, DAYNA R. 173.33 6,207.00 2,202.98 6,207.00 3,625.26 9715264 N 418812 KELLUM, LYNDSEY B. 104.01 3,606.00 738.08 3,606.00 2,681.27 9715265 N 245476 KENCH, DONALD C. 173.33 3,867.00 2,111.28 3,867.00 2,626.45 9715266 N	409213	HUNTER, KARI L. 173.33	6,843.00	1,466.33	6,843.00			4,757.91	9715259	N	
421429 JOHNSON, RENEE K. 173.33 3,900.00 1,773.19 3,900.00 2,968.80 9715261 N 421429 JOHNSON, RENEE K. 173.31 5,376.00 1,235.41 5,376.00 3,897.32 9715262 N 358933 JONES, KIMBERLY D. 173.33 6,571.00 4,511.57 9715263 N 393427 KATULA, DAYNA R. 173.33 6,207.00 2,202.98 6,207.00 3,625.26 9715264 N 418812 KELLUM, LYNDSEY B. 104.01 3,606.00 738.08 3,606.00 2,681.27 9715265 N 245476 KENCH, DONALD C. 173.33 3,867.00 2,111.28 3,867.00 2,626.45 9715266 N	Z Z D U 3 6	DAMESON, BETTY S. 173.36	4,074.00	1,308.95	4,074.00			3,063.82	9715260	N	
421429 JOHNSON, RENEE R. 173.31 5,376.00 1,235.41 5,376.00 3,897.32 9715262 N 358933 JONES, KIMBERLY D. 173.33 6,571.00 1,291.20 6,571.00 4,511.57 9715263 N 393427 KATULA, DAYNA R. 173.33 6,207.00 2,202.98 6,207.00 3,625.26 9715264 N 418812 KELLUM, LYNDSEY B. 104.01 3,606.00 738.08 3,606.00 2,681.27 9715265 N 245476 KENCH, DONALD C. 173.33 3,867.00 2,111.28 3,867.00 2,626.45 9715266 N			3,900.00	1,773.19	3,900.00			2,968.80	9715261	N	
358933 JONES, KIMBERLY D. 173.33 6,571.00 1,291.20 6,571.00 4,511.57 9715263 N 393427 KATULA, DAYNA R. 173.33 6,207.00 2,202.98 6,207.00 3,625.26 9715264 N 418812 KELLUM, LYNDSEY B. 104.01 3,606.00 738.08 3,606.00 2,681.27 9715265 N 245476 KENCH, DONALD C. 173.33 3,867.00 2,111.28 3,867.00 2,626.45 9715266 N			5,376.00	1,235.41	5,376.00			3,897.32	9715262	N	
393427 KATULA, DAYNA R. 173.33 6,207.00 2,202.98 6,207.00 3,625.26 9715264 N 418812 KELLUM, LYNDSEY B. 104.01 3,606.00 738.08 3,606.00 2,681.27 9715265 N 245476 KENCH, DONALD C. 173.33 3,867.00 2,111.28 3,867.00 2,626.45 9715266 N			6,571.00	1,291.20	6,571.00			4,511.57			
418812 KELLUM, LYNDSEY B. 104.01 3,606.00 738.08 3,606.00 2,681.27 9715265 N 245476 KENCH, DONALD C. 173.33 3,867.00 2,111.28 3,867.00 2,626.45 9715266 N			6,207.00	2,202.98	6,207.00			3,625.26	9715264	N	-
245476 KENCH, DUNALD C. 173.33 3,867.00 2,111.28 3,867.00 2,626.45 9715266 N			3,606.00	738.08	3,606.00			2,681.27	9715265	N	
	245476	RENCH, DONALD C. 173.33	3,867.00	2,111.28	3,867.00			2,626.45	9715266	N	

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Payroll ID - 620

Company - Home & 1 00969

Kitsap Public Health District
Home Bus Unit & 2 95969

Kitsap Public Health District
Deductions and taxes are confidential and have been redacted

Number	MAME  KIESS, JOHN F. KINDSCHY, BRANDON KNOOP, MELINA V. KRUSE, CHARLES H. KUSHNER, SIRI E. LAIRD, MELISSA Y. LAU, ANDREW S. LYTLE, ROSS D. MAZUR, KARINA MARI MCDOWELL, STACI M. MCKINNON, BRYAN M. MCNAMARA, NICOLE E MOEN, ANNE M. MOONTREE, KAELA L. MORGAN, W. NEWTON MORRIS, DAWN M. MURRAY, KEISHA R. NGUYEN, LOAN T. NICHOLS, ELIZABETH NICOLAISEN, NIELS NOBLE, GREGORIA A. NORTH, EDWIN NUNO, CRYSTAL M. ONARHEIM, CARIN E. OUTHWAITE, MINDI L PANDINO, LINDA E. PHIPPS, BETH M. PREWITT, SUSANA C. QUAYLE, TIMOTHY P. RAMUNNO, PHILIP M. RHEA, SUSAN R. RIDGE, BETTI L. RORK, IAN M. SHUHLER, YANA SMITH, TERRI L. SOOTER, THADDEUS L STEWART, TOBBI S. STUNTZ, JAYME M. TURNER, SUSAN E. ULACIA, NICHOLAS J WAGNER, MARY K. WALTHER, SUSAN B.	Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Check Control	I :	Err Msg
250913	KIESS. JOHN F	173 34	9 449 00	2 966 75	9 449 00			6 202 25	0715067	AT.	
421430	KINDSCHY BRANDON	7173 32	5 120 00	2,500.75	5 120 00			0,203.23	9715267	D.T.	
16125	KNOOP MELINA V	173 33	6 571 00	1 679 47	6 571 00			3,384.46	9715268	IN	
243184	KRUSE CHARLES H	173.33	6 661 00	2 262 04	6,5/1.00			4,361./3	9/15269	N	
327580	KUSHNER STRI E	173 33	8 571 00	2 380 89	9 571 00			4,288.60	9/152/0	IV	
416539	TATED MELISSA Y	173 35	7 922 00	1 855 23	7 922 00			6,602.94	9/152/1	IN	
429748	TAIL ANDREW S	173 31	5 012 00	7 450 00	7,922.00			5,524.16	9/152/2	IA	
285038	LYTLE. ROSS D	173.31	6 571 00	2 055 33	5,012.00			3,760.98	9715273	IN	
388104	MAZUR, KARTNA MART	A173 31	6 397 00	1 656 83	6 397 00			4,262.33	9/152/4	IN	
421431	MCDOWELL STACT M	173 34	4 011 00	958 14	4 011 00			4,308.09	9/152/5	IN	
387088	MCKINNON, BRYAN M	173 31	5 376 00	1 275 47	5 376 00			3,230.88	9715276	IA	
429377	MCNAMARA NICOLE E	173.31	4 527 00	2 3/6 56	4 537 00			4,229.67	9/152/8	IN	
279971	MOEN ANNE M	173.32	5 241 00	1 947 65	E 241 00			3,435.03	9/152/9	IN	
406607	MOONTREE KAELA I.	173.34	4 661 00	1,047.03	3,241.00			3,596.28	9/15280	IN	
324204	MORGAN W NEWTON	173 33	6 571 00	1,430.97	4,661.00			3,395.51	9/15/81	TA	
312378	MORRIS DAWN M	138 67	3 930 00	1,997.74	3,930,00			4,548.21	9715283	N	
406005	MITERAL KEICHA D	138 69	3,030.00	890 31	3,630.00			2,787.29	9/15284	IN	
295033	NGIVEN LOAN T	130.00	3,913.00	1 006 45	3,915.00			3,012.06	9715285	IN	
430367	NICHOLS FLIZABETH	130.03	5,440.00	1,000.45	5,440.00			2,160.74	9715286	IA	
208456	NICOLAIGEN NIELS	. 129.02 1173 33	5,021.40	2,341.21	5,021.40			3,438.30	9715287	IA	
3128	NOBLE CRECORIA A	173 34	4 976 00	2,250.34	6,5/1.00			4,655.17	9715288	N	
22459	NORTH EDWIN	172 22	9 571 00	1,134.00	4,876.00			3,168.37	9715289	N	
405301	NUMO CRYSTAL M	173.33	5,371.00	2,420.93	8,5/1.00			1,464.11	9715290	N	
426938	ONAPHETM CAPIN F	173.33	3,927.00	1,207.41	3,927.00			3,304.70	9715291	N	
243679	OHTHWATTE MINDT I	171 25	4 701 00	1 170 50	3,835.00			2,720.53	9715292	N	
419118	DANDING LINDA E	172 22	4,701.00	1,170.59	4,701.00			3,220.37	9715293	N	
229901	DUIDDO BETTU M	173.34	7 734 00	1,384.01	4,300.00			3,211.02	9715294	N	
394166	DDEWITT CHANN C	173.34	7,724.00	1,441.21	7,724.00			4,810.57	9715295	N	
1214	OUNTE TIMOTHY B	173.31	6 838 00	956.71	4,000.00			3,029.86	9715296	N	
118111	PAMINNO DUTTED M	170 04	5,020.00	2,283.77	6,828.00			4,589.96	9715297	N	
324654	DUPA CHICAN D	170 10	3,526.00	1,543.51	5,526.00			4,136.02	9715299	N	
267073	DIDGE DETTI	173.33	5,900.00	1,331.97	3,900.00			2,817.46	9715300	N	
404613	RIDGE, BEILL L.	173.32	6,716.00	1,698.33	6,716.00			4,564.91	9715301	N	
404613	CUITUI ED VANA	173.33	3 200 00	1,428.//	4,644.00			3,468.37	9715302	N	
361300	CMITH TERRIT	173.37	7 344 00	1,291.87	3,209.00			2,300.34	9715303	N	
127776	COOTED TUNDERIC I	173.33	7,344.00	1,780.04	7,344.00			5,112.58	9715304	N	
3/7366	CTEDMAN PRICEVE	173.33	5,802.00	2,547.90	5,802.00			4,205.84	9715305	N	
123168	CTEWART TORRE	173.32	6,872.00	1,414.49	6,8/2.00			4,503.25	9715306	N	
410415	CTIME A	10 00	5,120.00	2,459.1/	5,120.00			3,502.87	9715307	N	
1692	TIDNED DENICE M	172 35	4 743 00	1,827.31	6/9.68			350.14	9715308	•M	
401072	TITONER, DENISE M.	172 24	15 276 00	2,018.25	4,741.00			2,876.91	9715309	N	
429750	III ACTA NICUOTAC I	173.34	15,376.00	3,378.80 1,321.56	15,376.00			9,378.04	9715310	N	
426251	WACNED MADY V	101 24	3,820.00	1,321.56	3,820.00			2,795.05	9715311	N	
300040	WATTUED CITAN D	172 24	2,240.00	051.19	2,246.00			1,584.87	9715312	N	
22443	WELLDON DELVI	173.34	0,223.00	2,075.41	6,223.00			4,090.05	2117313	TA	
14040	WELLBORN, BRIAN D.	172 24	2,900.00	1,173.69	2,900.00			1,736.36	9715314		
32/455	WENDI, UAN E.	173.34	6,672.00	2,237.15	6,672.00			4,907.78	9715315		
431493	WINCHESIER, LAYKEN	1/3.32 P172 26	3,520.40	894.31	3,520.40			2,700.95	9715316		
301566	VANDA VEDETE T	173 35	4,894.00	1,461.29	4,894.00			3,661.81	9715317		
202200	ULACIA, NICHOLAS J WAGNER, MARY K. WALTHER, SUSAN B. WELLBORN, BRIAN D. WENDT, JAN E. WINCHESTER, LAYKEN WINCHESTER, LAYKEN WINTERS, CHRISTOPH: YANDA, KERRIE L.	1/3.33	7,201.00	2,242./1	7,201.00			Net Pay	9715318	N	

063013

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Number EMPLOYEE . Number Name	Hours	Wages	Vendor#	Gross Pay	Deductions	Taxes	Net Pay	Check I Err Control C Msg
2908 ZIMNY, JAMES	A. 173.34	6,223.00	1,599.86	6,223.00			4,135.12	9715319 N
Total	16254.67	550,861.55	161,252.04	550,861.55	78,041.74	100,092.89	372,726.92	